Rural and Remote Health Equity Roundtable

17 – 18 July 2024

Sparked

HL7 FHIR

Welcome to Country

Dr Richard Fejo

Welcome

Kate Ebrill

Register for Sparked

Acknowledgement of Country

We acknowledge the Traditional Custodians of the land on which we all gather today, the land of the Larrakia people.

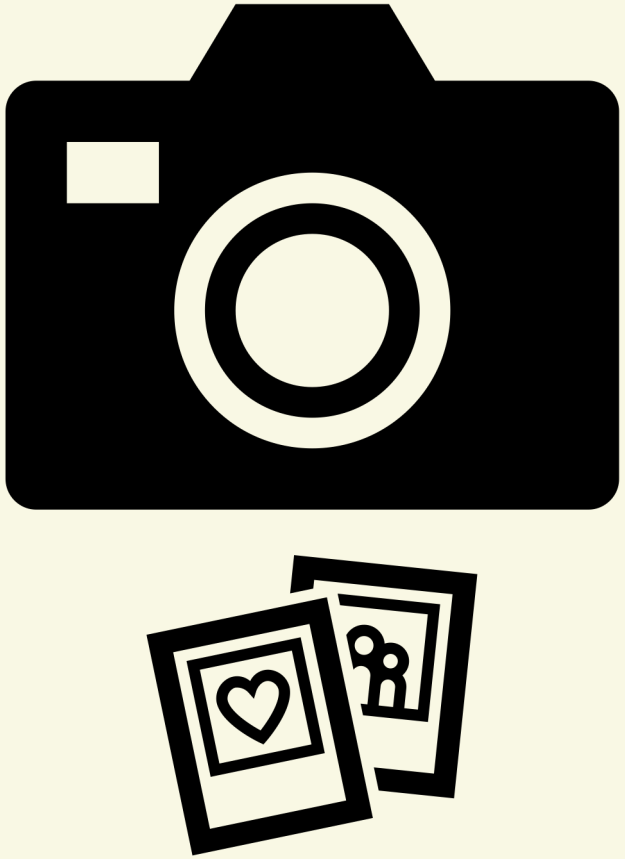
We pay our respect to elders past, present, and emerging and extend our respect to all Aboriginal and Torres Strait Islander people. We acknowledge the First Peoples as the first scientists, educators and healers.

Photos/Video

Please be advised that photographs and video will be taken at the event for use on our website and in other written and online publications.

By entering this event, you consent to the photography and video and using your image and likeness.

If you do not wish to be photographed or videoed, please inform the Sparked team.



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Agenda – Day 1 Wednesday

Time	Topic	Facilitator / Speaker
1:15pm	Welcome and introductions	Kate Ebrill
1:30pm	Welcome to Country	Dr Richard Fejo
1:40pm	Host Jurisdiction Welcome	John Lambert
1:45pm	Attendee overview & objective setting	Kate Ebrill
Government and Jurisdiction Perspectives – MC Michael Hosking		
2:00pm	Department of Health and Aged Care	Daniel McCabe
2:05pm	Australian Digital Health Agency	Peter O'Halloran
2:10pm	First Nations Division Department of Health and Aged Care	Chantal Jackson
2:20pm	Northern Territory Health	John Lambert
2:30pm	Joint presentation by Western Australia Health Department Western Australia Country Health Service	Karine Miller and Andrew Jamieson
2:40pm	South Australia Health	Alastair McDonald
2.50pm	International Interoperability – HL7 FHIR	Grahame Grieve
3.00pm	Speaker Q&A	Facilitated by Michael Hosking
3:10pm	Afternoon Tea	
Clinical and Health Services Perspectives - MC Michael Hosking		
3:30pm	National Aboriginal Community Controlled Health Organisation	Jason Agostino
3:45pm	Kimberley Aboriginal Medical Services Council	Lorraine Anderson
3:55pm	Sunrise Health Service Aboriginal Cooperation	Maryanne Lewis
4:05pm	Aboriginal Medical Services Alliance Northern Territory (AMSANT)	Deb Gent
4:15pm	Digital Health Cooperative Research Centre	Tim Shaw
4.25pm	Royal Flying Doctors Service	Shannon Nott
4:40pm	Panel	Facilitated by Michael Hosking Andrew Blanche, Ryan Klose, Chris Pearce, Nyree Taylor, Gloria Jacob & Mehmet Kavlakoglu
5:00pm	Day 1 session concludes	

Agenda – Day 2 Thursday

Time	Topic	Facilitator
8:00am	Registration	
8:30am	Overview of the day's objectives and workshop agenda	Kate Ebrill
9:00am	Presentation : NHI project update WORKSHOP 1: Healthcare Identifiers Objective: to help inform the Agency and Services Australia about IHI data matching challenges, lessons learned and recommended solutions for Aboriginal and Torres Strait Islander peoples and those in rural and remote areas.	NT Health Facilitated by Kieron McGuire and Chris Genc
10:30am	Morning Tea	
11:00am	WORKSHOP 2: Barriers and Opportunities with data standardisation in rural and remote Australia Objective: to ensure that the data foundations being developed by Sparked reflect the priority use cases and data elements for rural and remote Australia	Introduction by Dr Chris Pearce and Dr Andrew Bell Facilitated by Kate Ebrill, Kylynn Loi, and Heather Leslie
12:30pm	Lunch	
1:30pm	WORKSHOP 3: Social Determinants of Health (SDOH) and Social and Emotional Wellbeing (SEWB) Objective: to explore and understand the importance of SDOH and SEWB information, identify key use cases and priority data elements.	Introduction by Jason Agostino and Maia Sauren Facilitated by Kate Ebrill, Kylynn Loi, and Heather Leslie
3:00pm	Afternoon Tea	
3:30pm	WORKSHOP 4: Population Health Objective: To explore and identify the key opportunities for AUCDI/SDOH/SEWB to support population health use cases. For example regional and national reporting, quality indicators, etc.	Facilitated by Kate Ebrill, Kylynn Loi, and Heather Leslie
4:15pm	Closing remarks and next steps	Kate Ebrill

Host Jurisdiction Welcome

John Lambert

Objectives

Sparked

HL7 FHIR

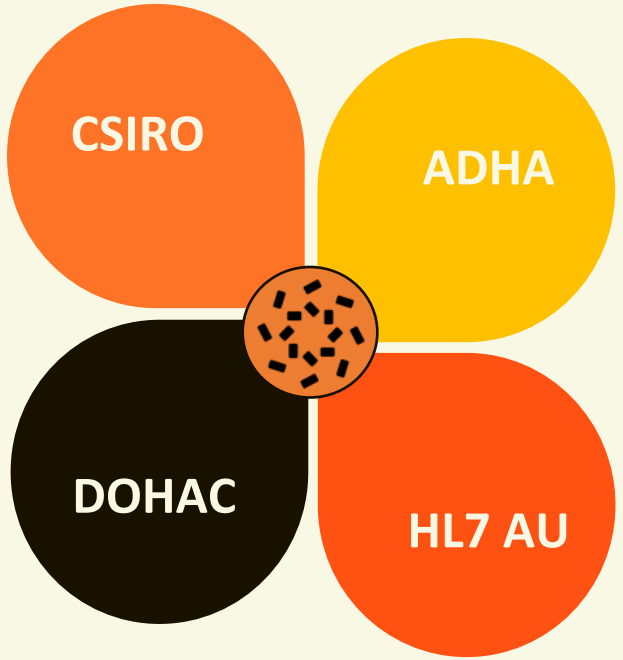
COMMUNITY

comprising **government, technology partners, provider organisations, peak bodies, practitioners, and domain experts**

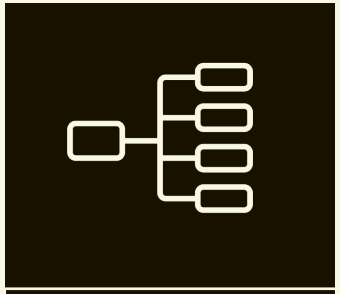
ACCELERATING

the creation and use of national FHIR standards in health care information exchange

Sparked is supported through a partnership



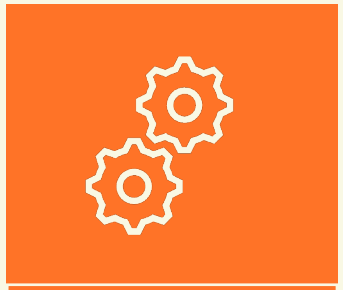
Sparked Accelerator Scope



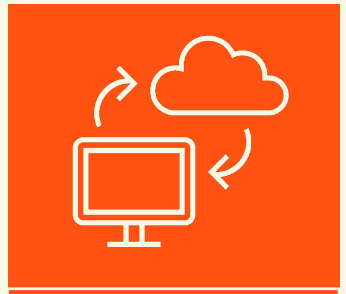
Meaning & Context

Language & Terms

Sharing & Exchange



Testing



Implement

Data for Interoperability (e.g. AU CDI)

- AU CDI - R1
  Published
- AU eReqDI
  Comment review

Clinical Terminology Value Sets

- SNOMED CT and LOINC Value sets
  In development
- RANZCR
- RCPA

FHIR Implementation Guides

- AU Core
  Ballot resolution
- AU eRequesting

Testing & Piloting of FHIR Standards

- Testing of FHIR Standards, supported by infrastructure & tooling

Reference Implementations & Testing Service

- Services that support implementation and testing of FHIR based applications

Sparked
HL7 FHIR

Sparked Dashboard

Clinical Design Group

529 *Members*

Meets **Monthly** *~60 Regular attendees*

AU Core Technical Design Group

470 *Members*

Meets **Fortnightly** *~60 Regular attendees*

AU eRequesting Technical Design Group

406 *Members*

Meets **Weekly** *~60 Regular attendees*

Sparked Followers

1,091

+114 in last 30 days

Sparked Subscribers

675

June **25**

AUCDI R1 Published!

AU Core Testing commenced

18 Brisbane
22 Sydney
13 Melbourne

>50 Expected attendees

Sparked Rural and Remote Health Equity Roundtable

Triage	Reconciliation	Applied to AU Core
100%	100%	96%
199 issues	147 issues	89 issues*

AU Core R1 Progress

"really encouraging to see ... the work being practically done to solve [interoperability]"
Dr. Roy Mariathas - RACGP

"We very rarely see true co-design in public policy – this [Sparked] is what it looks like" Chris Kane - ADIA

Year in Review

July

July **5** Sparked Webinar
Updates on Sparked Program

July **15** AU Core Testing Event F2F
Sydney

July **17-18** Sparked Health Equity Roundtable
Darwin

August

Aug **1** AU Core Testing Event
Melbourne

Aug **4** HIC Sparked Workshop
Brisbane

Aug **13** CDG
Online

Aug **20-22** HL7 Au Connectathon
Brisbane

Aug **28** Sparked Webinar
Updates on Sparked Program

September

Sept **11** Sparked CDG F2F
Brisbane

Sept **12** Sparked CDG F2F
Brisbane

October

Oct **2** Sparked Webinar

Oct **15** Sparked CDG
Online

open
collaborative
transparent
consensus-driven

Objectives for the workshop

- **Reflect and discuss** barriers and opportunities with data standardisation in rural and remote Australia
- **Identify priority use cases** to inform core data for interoperability (AUCDI) development over the next 12 months for rural and remote Australia
- **Validate AUCDI R2 backlog** to ensure it reflects needs of rural and remote Australia
- **Develop the roadmap** for Social Determinants of Health and Social Emotional Wellbeing data group definition
- **Identify opportunities for population health** use of data

Menti

Perspectives

Daniel McCabe
Department of Health & Aged Care

Perspectives

Peter O’Halloran
Australian Digital Health Agency

Perspectives

Chantal Jackson
Department of Health & Aged Care

FIRST NATIONS
PRIMARY HEALTH CARE DATA COLLECTION

17 July 2024

National Agreement on Closing the Gap

Objective: *To overcome the entrenched inequality faced by too many Aboriginal and Torres Strait Islander people so that their life outcomes are equal to all Australians*

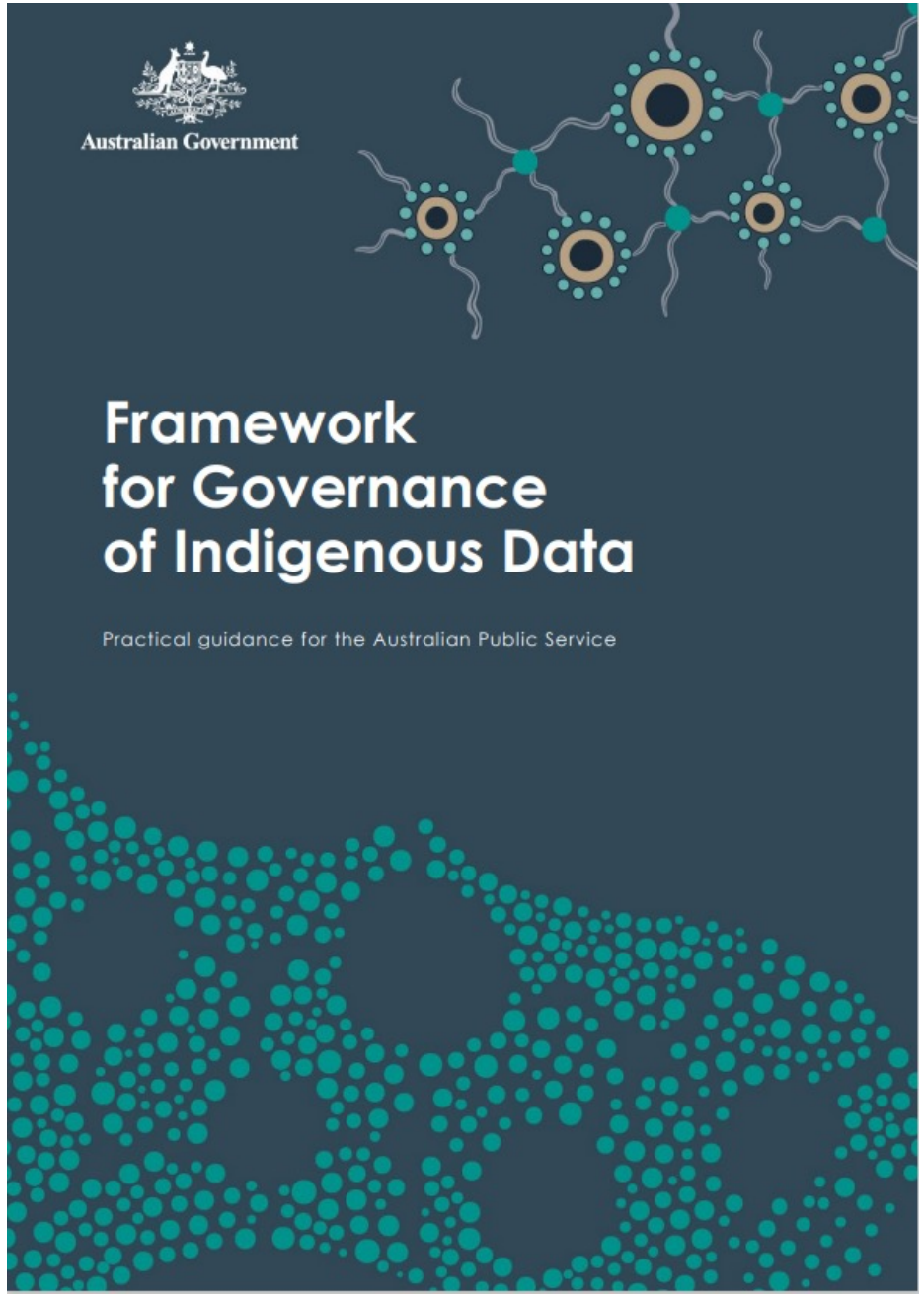
Four Priority Reforms:

The Framework

Developed by the National Indigenous Australians Agency (NIAA)

Sets out Guidelines and Actions that federal government agencies are required to implement

Will **support transformation** of government organisations to enable better data sharing with First Nations Australians



Framework Guidelines

Guideline 1: Partner with Aboriginal and Torres Strait Islander people

- Partner with Aboriginal and Torres Strait Islander people at all stages of the data lifecycle (see **Appendix C**) to ensure their priorities are reflected in data about their communities.

Guideline 2: Build data-related capabilities

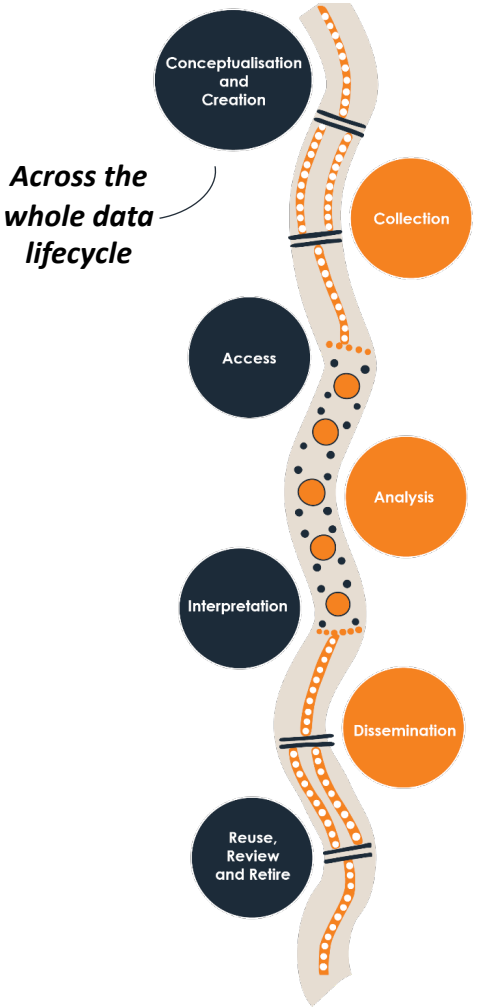
- Improve the capabilities of APS staff and Aboriginal and Torres Strait Islander partners relating to Indigenous data across the data lifecycle.

Guideline 3: Provide knowledge of data assets

- Develop straightforward methods for Aboriginal and Torres Strait Islander people to know what data are held relating to their interests, its use, and how it can be accessed.

Guideline 4: Build an inclusive data system

- Build towards organisational and cultural change within the APS to support the inclusion of Aboriginal and Torres Strait Islander people in data governance.



First Nations health data collections

Health Data Portal:

- The online system through which OSR and nKPI data is submitted to AIHW and the Department of Health & Aged Care.
- It allows health services to view and compare their OSR and nKPI data with deidentified aggregated data across regions and jurisdictions.

OSR:

- The Online Services Report collects national data about organisations that receive Indigenous Australians' Health Programme (IAHP) funding
- Collected data includes Number/ location of clinics/ communities serviced, numbers of clients, clinical throughput, workforce breakdown and MBS claim volume and billing.

nKPI:

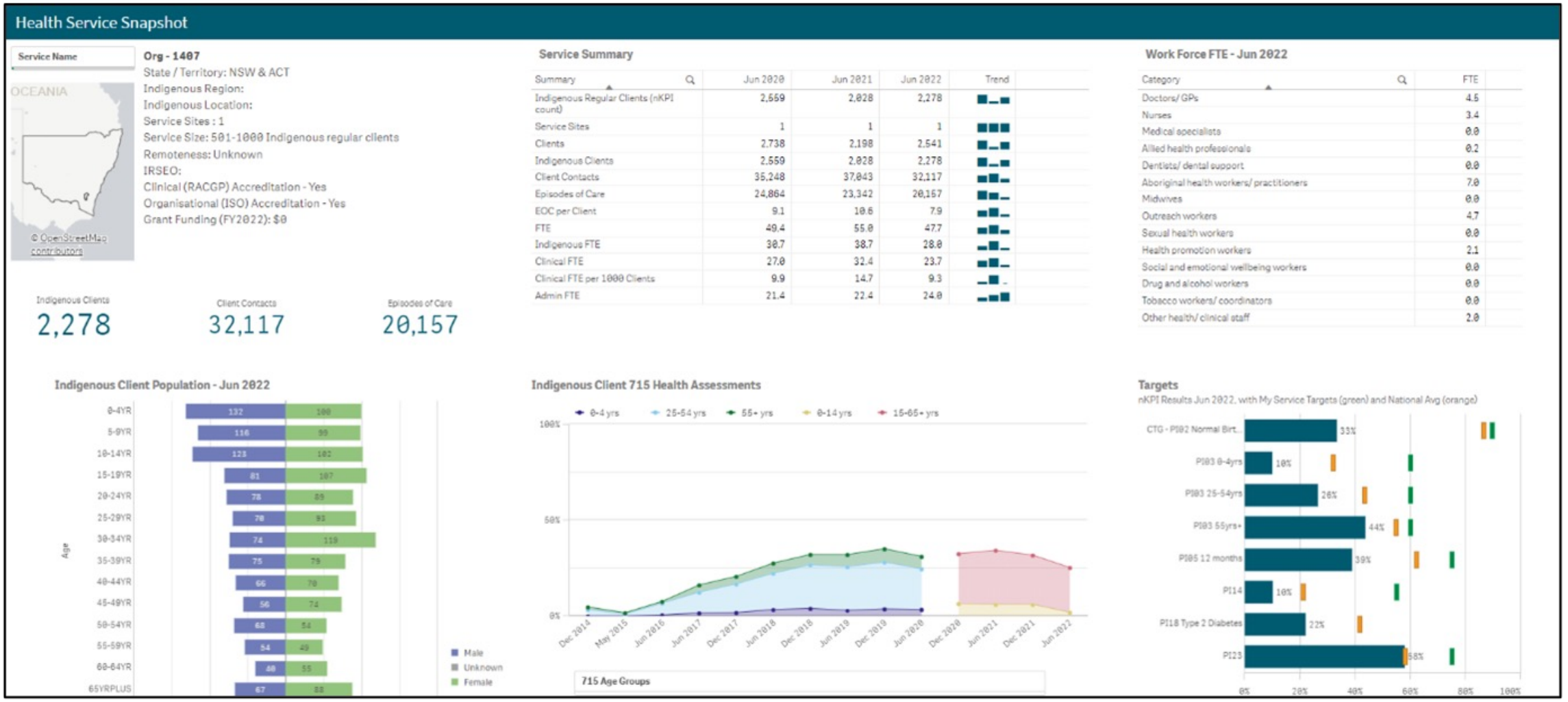
- The national Key Performance Indicators are indicators used to track and evaluate progress towards Closing the Gap health outcomes and National Aboriginal and Torres Strait Islander Health Plan - Implementation Plan goals.
- Collected 2x per year from around 250 PHC organisations
- Mix of Process of Care and Outcome indicators
- Completed submission data available to health services in Qlik reports in near real-time.

nKPI themes and data

Maternal & Child Health	Preventative Health	Chronic Disease Management
• First antenatal visit • Birthweight recorded • Birthweight result • Indigenous Health check – aged 0-14 • Smoking during pregnancy • Ear health check rates (pilot)	• Smoking status recorded • Smoking status result • Body Mass Index - categorical • Indigenous Health check – aged 15 and over • CVD risk assessment recorded • CVD risk assessment result • Cervical screening • Immunisation against influenza • STI test for gonorrhoea and/or chlamydia (pilot)	• Chronic disease management plan - Type 2 diabetes • Blood pressure recorded – type 2 diabetes • Blood pressure result – type 2 diabetes • HbA1c result recorded – type 2 diabetes • HbA1c result – type 2 diabetes • Kidney function test type – type 2 diabetes and/or CVD • Kidney function test result (risk category) – type 2 diabetes and/or CVD

Australian Government
Department of Health and Aged Care

DATA PORTAL First Nations health data collections

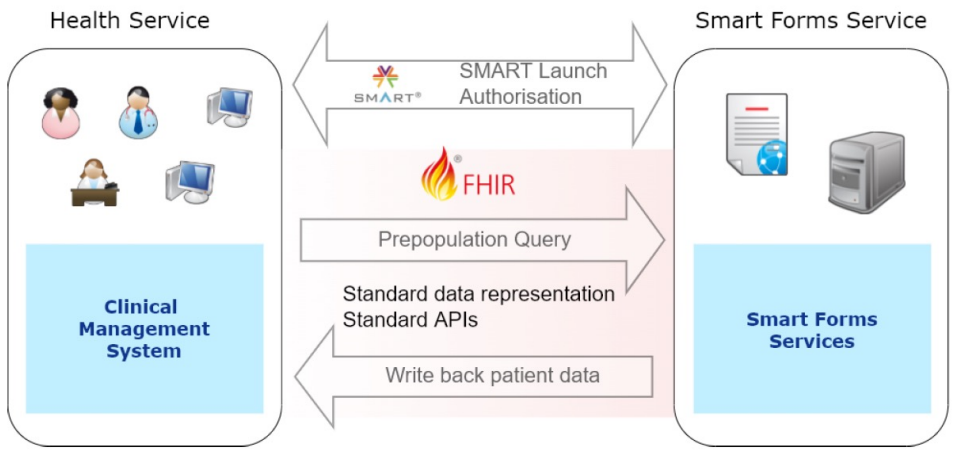


Australian Government
Department of Health and Aged Care

Indigenous (715) Health Check- SMART on FHIR

- The annual Indigenous (715) health check is the foundation of preventative health care for First Nations people
- Health check SMART app- in development since 2021 – first pilot phase due to commence in September 2024
- Developed in conjunction with NACCHO/ RACGP- aligned with First Nations clinical guidelines and Sparked AUCDI Release 1

Clinical Assessment (e.g. Health Check)



The SMART app will:

•Replace multiple manual templates currently used

•Read from and write back to patient clinical records- single source of truth

•Provide more efficient clinical workflows, integration with related SMART tools (e.g. CVD Risk Calculator) and downstream clinical service delivery (e.g. external referrals, management plans)

•Improve the quality and utility of data through standardisation of clinical terminology

•Allow the health check structure and content to be centrally maintained- increased efficiency and lower cost

Challenges & Opportunities

Challenges	Opportunities (system level)
• Clinical Information Systems – interoperability between systems, tension between commercial drivers and service offering	• Explore improved ways of engaging with vendors; drive adoption of digital health standards to increase interoperability and improve data flows
• Data governance and data sharing – maximising the utility of First Nations data versus the need for safety, privacy and security	• Work collaboratively with First Nations stakeholders to promote broadest possible usage of data within agreed data governance protocols
• Fragmented and duplicative reporting requirements – identifying and addressing duplication and redundancy across jurisdictional reporting requirements, burden on funded health service providers	• Streamline reporting to reduce reporting burden: use a proactive co-design approach; ensure data collected is necessary, useful and not available elsewhere; progressively move collections to a common reporting platform
• Workforce - improving retention, training and data continuity	• Work in partnership with First Nations health sector to address workforce challenges and build ongoing data capability within the sector

FIRST NATIONS
PRIMARY HEALTH CARE DATA COLLECTION

17 July 2024

Perspectives

John Lambert
Northern Territory Health

Perspectives

Karine Miller & Andrew Jamieson
WA Country Health Service
& Western Australia Health

Government of Western Australia
WA Country Health Service

WESTERN AUSTRALIA Update

Karine Miller Director Population Health, WA Country Health Service
Dr Andrew Jamieson Deputy Chief Medical Officer WA Health

Department of Health

- Developing an Aboriginal Data Governance Policy
- Draft policy has been endorsed by WA HEC
- Establishment of an Aboriginal Data Governance Committee
- Policy to be implemented and embedded in WA Health by end of 2024
- Supplied by Aboriginal Health Policy Directorate

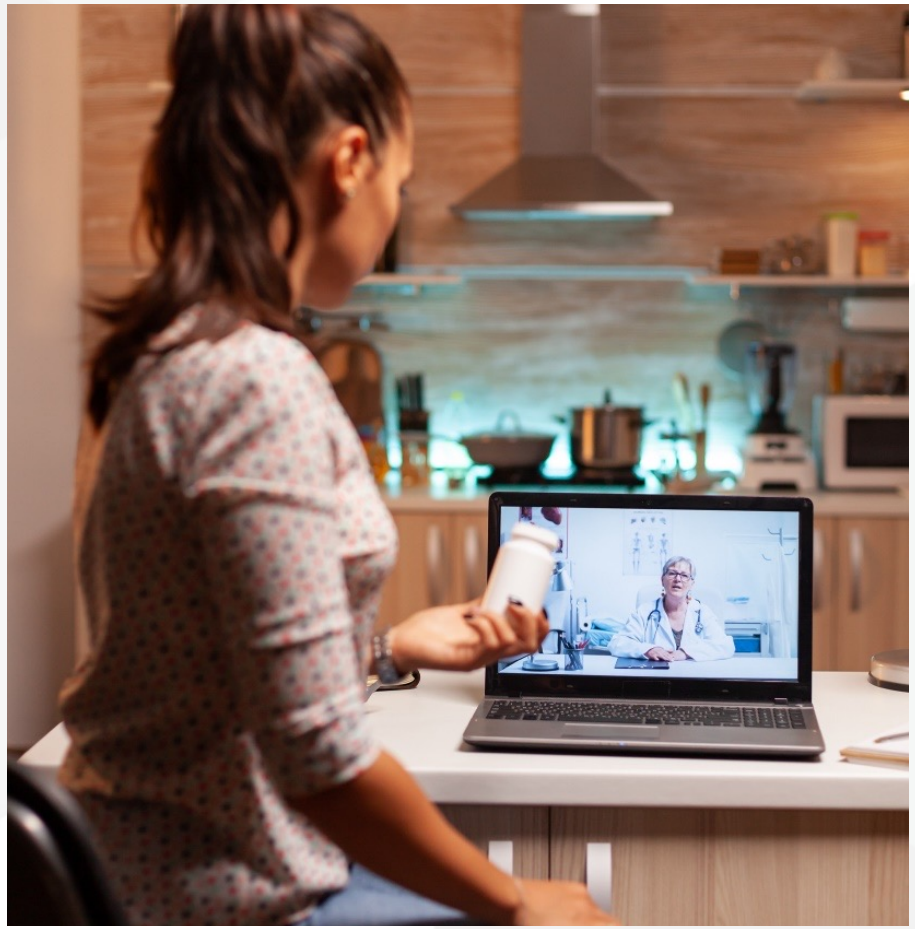
WACHS Aboriginal Health

- The WACHS Cultural Governance Framework (CGF) integrates all forms of governance, embedding cultural legitimacy across all organisational aspects of authority and decision-making. The CGF articulates accountability at all levels, from individual workers to the statewide service level, highlighting four priority areas:
  - **Aboriginal Employees** – Attracting, growing, strengthening, and retaining the Aboriginal workforce at all levels of WACHS.
  - **Aboriginal Authority** – Increasing decision-making and leadership of Aboriginal stakeholders and staff at every level of the organisation.
  - **Cultural and Clinical Competence** – Developing and growing Aboriginal staff with clinical support and supervision while building a culturally competent non-Aboriginal workforce.
  - **Cultural Lens** – Applying cultural capabilities as part of our core business and co-designing and engaging with Aboriginal people.

WACHS Aboriginal Health (continued)

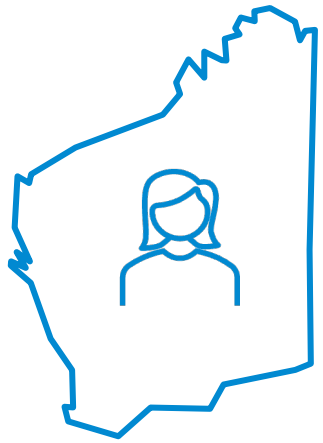
- Ensuring a Cultural Lens is applied at all levels by
  - Acknowledging Aboriginal people have been isolated from the language, control, and production of data at community, state, and national levels.
  - Taking a strength-based and strength-focussed approach to protect and respect Aboriginal people's individual and collective interests
  - Informing approaches and considerations with early engagement, strong consultation, and true co-design approaches.
  - Supporting Aboriginal people and communities to build capability and expertise in collecting, using, and interpreting data in a meaningful way.

Recent Initiatives

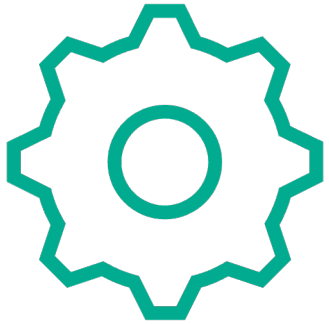


- Approval of State-wide EMR
- Healthcare Provider Identifier Individual **(HPI-I)** integration – all documents uploaded to MHR will now contain HPI-Is
- Structured Pathology
  - All pathology reports uploaded to MHR now in a structured/atomic format
- **ePrescribing** - all outpatient Clinics Statewide Metropolitan and WA Country Health Services
- **ePrescribing** for end of episode discharge medications (Community Pharmacy Dispensed) Statewide

WA Health EMR Program | What our EMR will look like



Statewide



Single configuration

HIMSS 6

Buy not build

Government of Western Australia
WA Country Health Service

My Health Record

What We Upload to My Health Record

- Discharge summaries
- Pathology reports
- Diagnostic imaging reports
- Specialist/outpatient letters
- Goals of Care documents
- BreastScreen reports
- Allergies and alerts notifications
- Stork clinical perinatal discharge summaries
- Same day procedure discharge summaries
- Event Summaries
- Shared Care Summaries

Recent Enhancements to access My Health Record

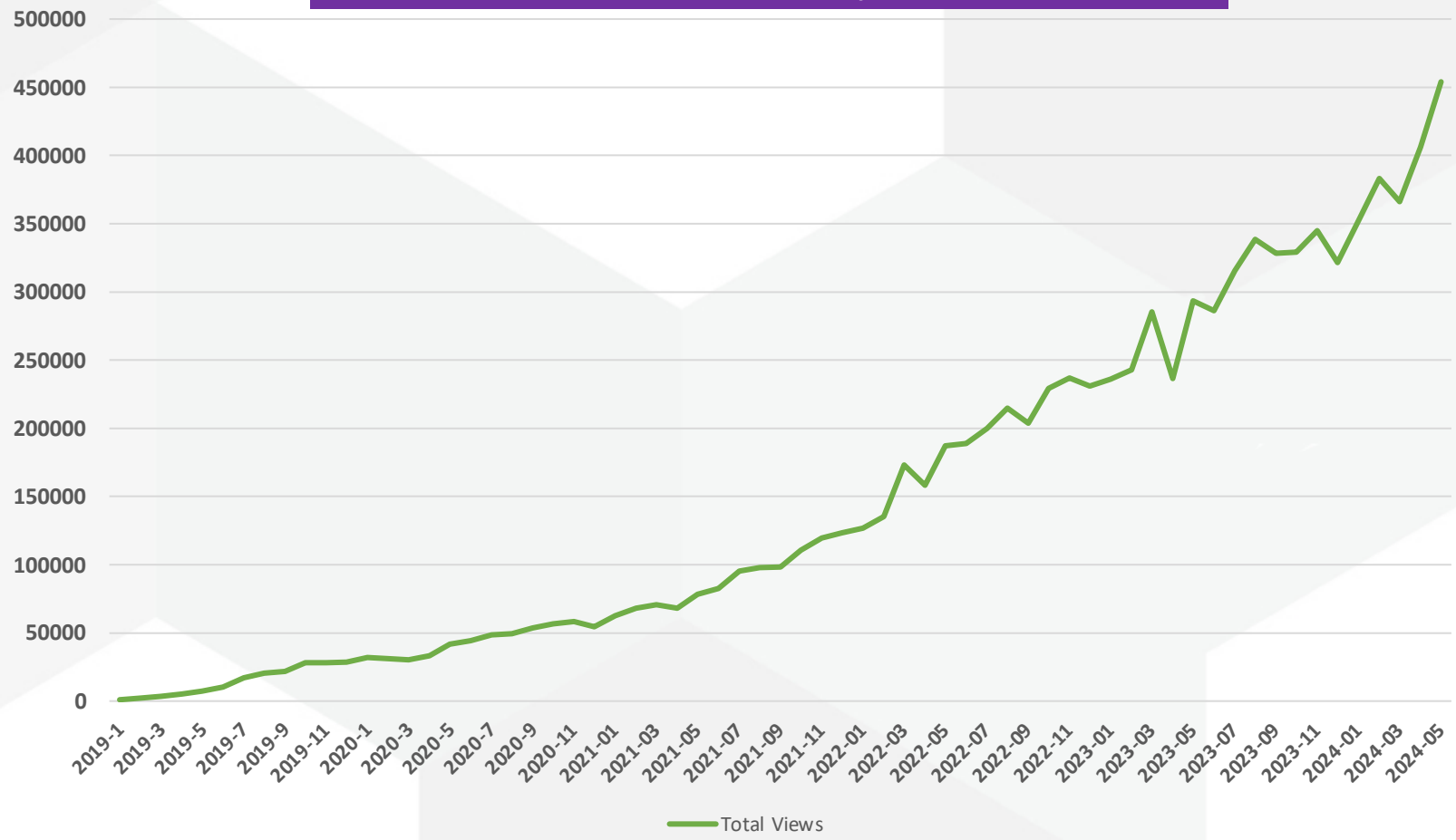
- Development of the Clinical workbench
- Community health Information System (CHIS) integration with MHR
- Emergency Telehealth Integration with MHR

My Health Record

Government of Western Australia
WA Country Health Service

My Health Record Usage

Number of Views of MHR by Clinicians/Month



May 2024

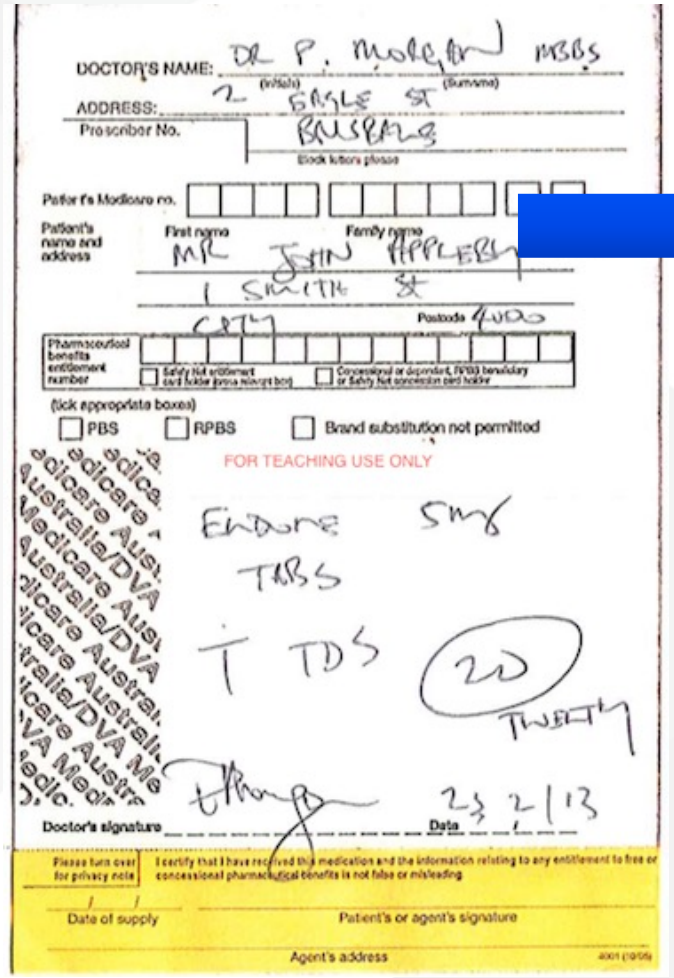
a new monthly total of over **450,000 Views for the month.**

Current viewing rates now exceed **110,000 views per week**

and an average of **14,500 times per day**

Government of Western Australia
WA Country Health Service

ePrescribing – Driving Change



Government of Western Australia
WA Country Health Service

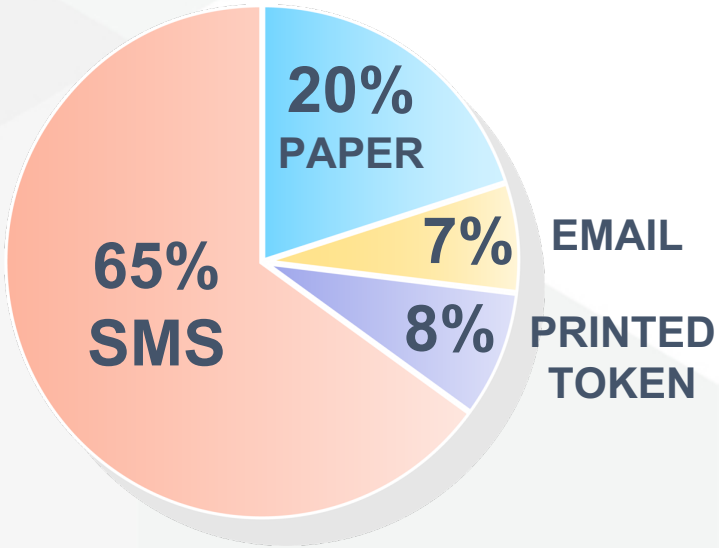
ePrescribing Usage

Total number of scripts produced

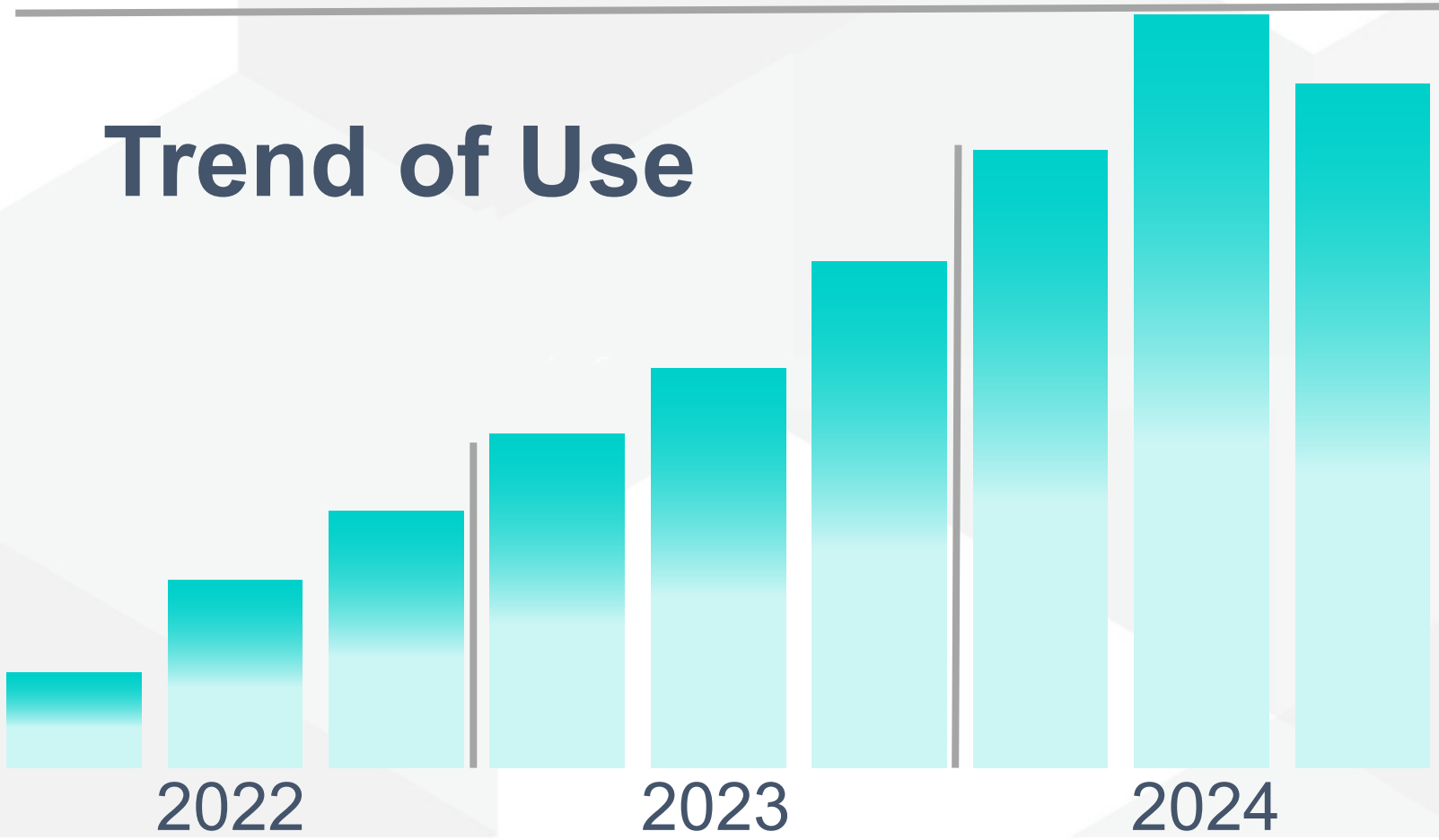
236,000

6,000

Plus per week



Trend of Use



80%

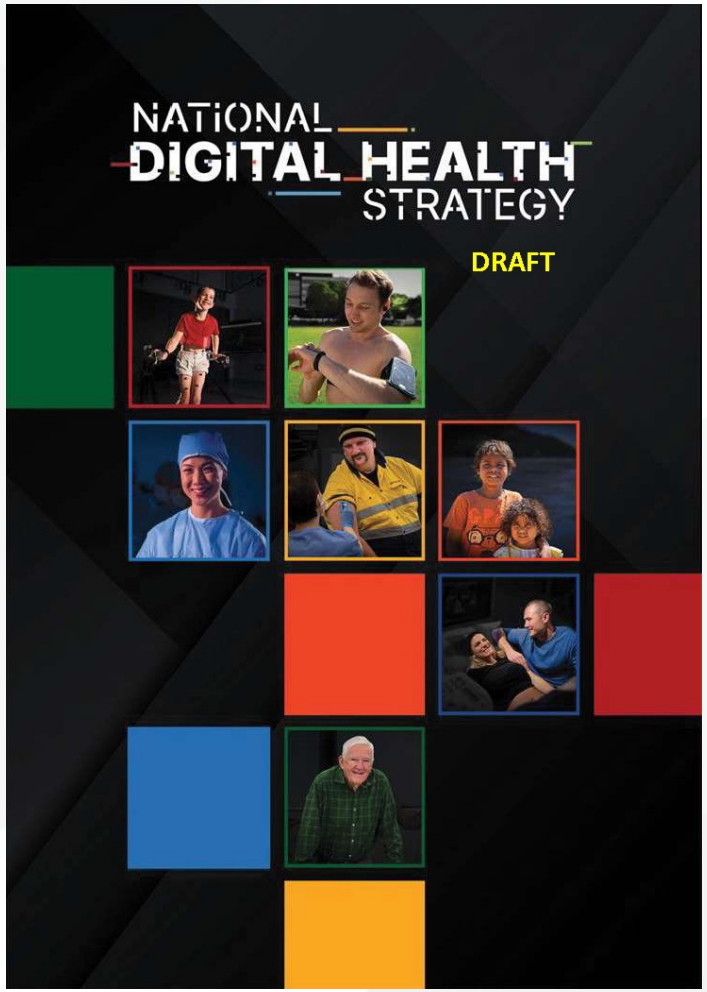
of scripts generated by participating HSP's are now electronic.

COMMUNITY | COMPASSION | QUALITY | INTEGRITY | EQUITY | CURIOSITY

eP Benefits

- Reduces lost paper prescriptions
- Reduces transcription errors
- Saves clinician time
- Supports virtual care
- Supports other aspects of digital medications management
- Supports Telehealth
- Improves reporting of medications prescribed

Current/Future Initiatives



- **ePrescribing** for end of episode discharge medications (on site /hospital dispensed) through iPharmacy
- FHIR servers and FHIR standards embedded
- eRequesting
  - Pathology
  - Diagnostic Imaging
- Interoperability
- Heath Information Exchange (HIE)

Challenges

- Application overload
- Gov, Non-Gov and ACCHO's all using different systems
- No defined data sets for capturing same service data
- Maintaining integrity of a system
- Working with vendors
- Reporting

Perspectives

Alastair McDonald
South Australia Health

Sparked Rural & Remote Health Equity Roundtable

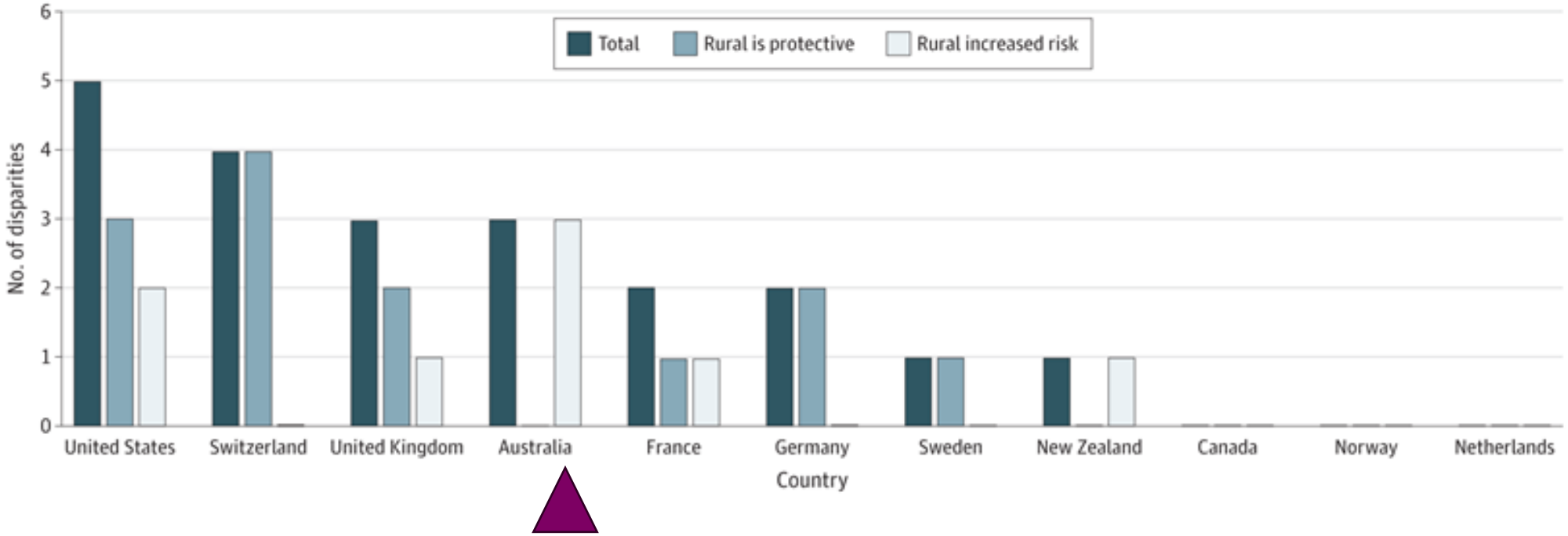
Version 1.0

17 July 2024

Digital Health SA

Government of South Australia
SA Health

Regional & Rural Health Disparities



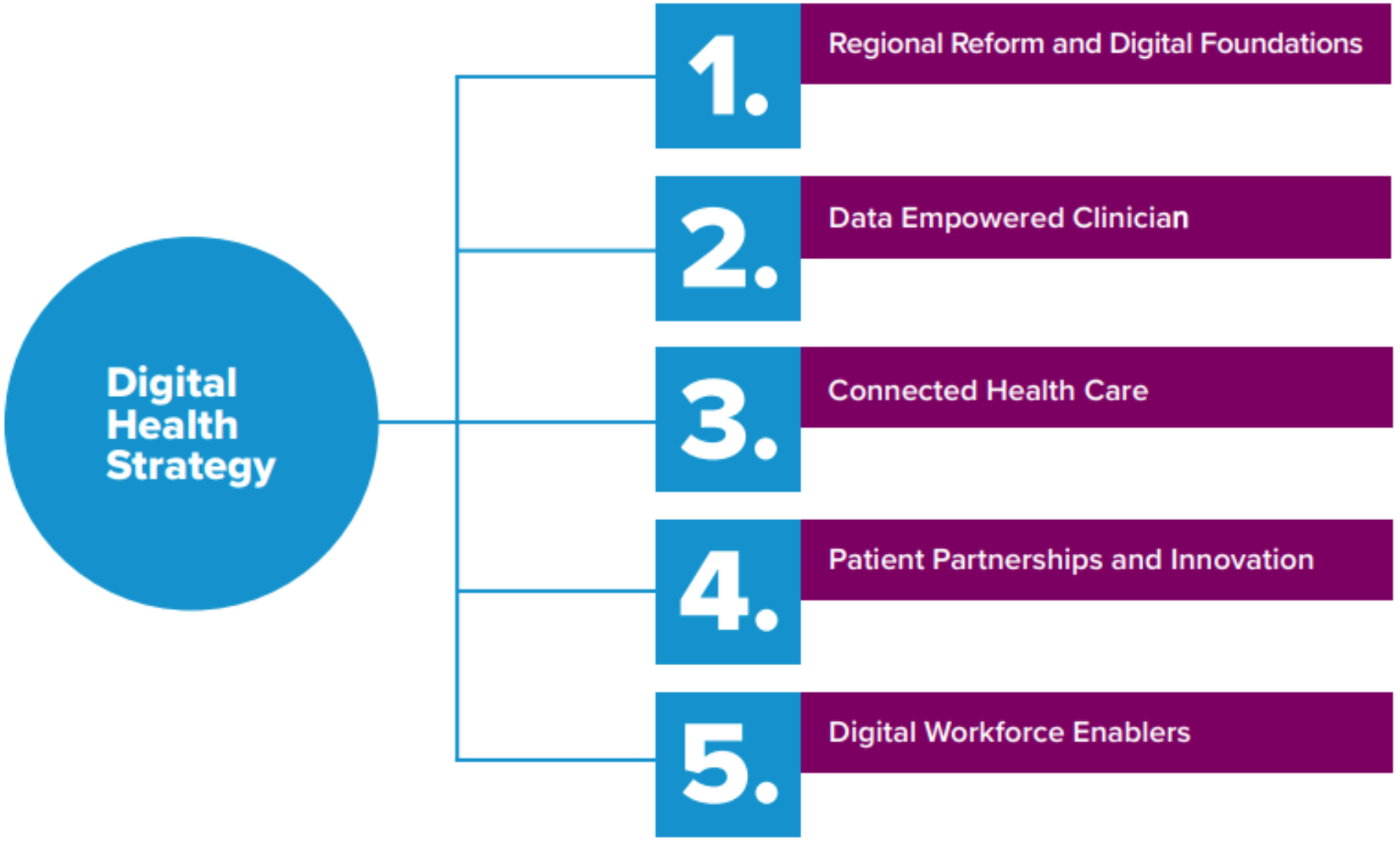
Rural is increased risk:

1. Experience Material Hardship
2. Skipped needed medical care because of cost
3. Skipped needed dental care because of cost

Neil J MacKinnon, Medical College of Georgia: Mapping Health Disparities in 11 High-Income Nations,

Vision: Delivering world-class health outcomes through digitally enabled care.

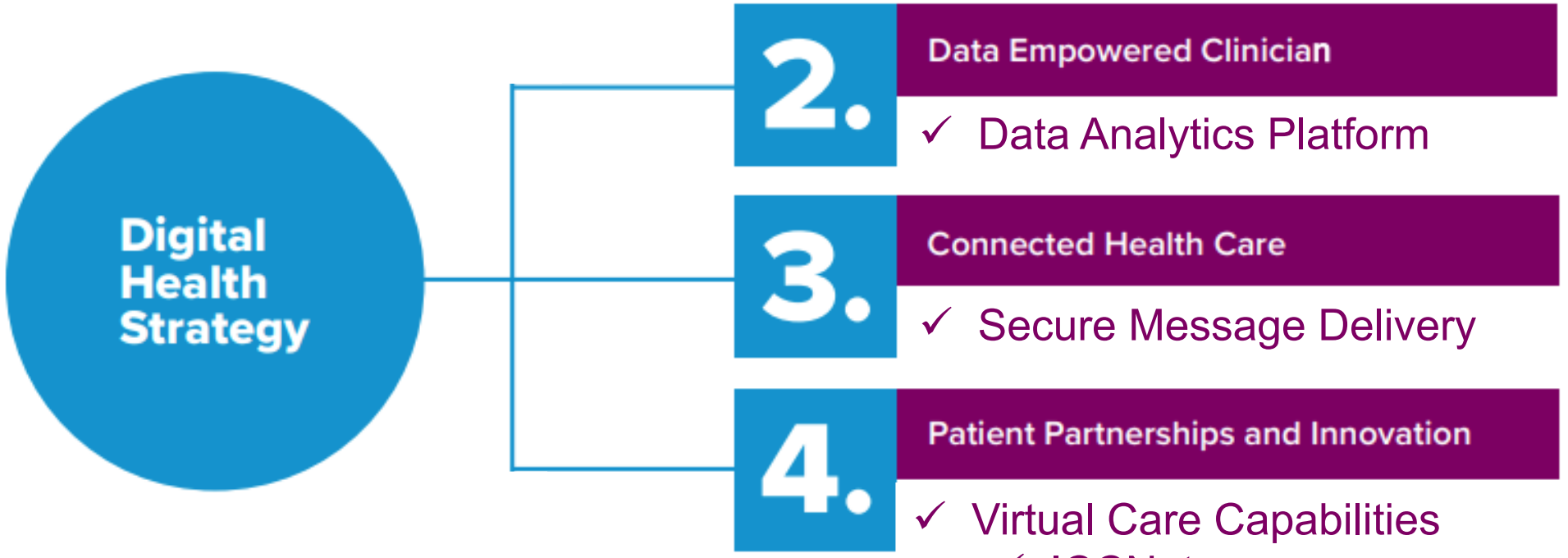
1. Safe
2. Equitable
3. Personalised
4. Connected
5. Agile


Digital Health Strategy
1.
Regional Reform and Digital Foundations
2.
Data Empowered Clinician
3.
Connected Health Care
4.
Patient Partnerships and Innovation
5.
Digital Workforce Enablers

Digital Health Strategy

1. Regional Reform and Digital Foundations

- ✓ Network & WIFI (Workforce & Guest)
  - 100 Sites
- ✓ Regional Acute Care EMR
  - 61 Hospitals, 1274 Beds
  - 63% complete from March 2023
- ✓ Aged Care Health Record
  - 47 RACFs, 1,372 Beds
- × Community Mental Health
  - 5,000 patients
  - Aged care 16k & NDIS 1,328


Digital Health Strategy
2.
Data Empowered Clinician
✓ Data Analytics Platform
3.
Connected Health Care
✓ Secure Message Delivery
4.
Patient Partnerships and Innovation
✓ Virtual Care Capabilities
✓ ICCNet
✓ SAVES
✓ SA Virtual Care Service
✓ Child & Adolescent Virtual Care Service

What next for SA Health?

1. Interoperability
   - Target architecture approved by Health Chief Executives
   - National Identifiers, Clinical Terminology & Data standards
   - Authentication standards (patient & provider) …

2. Policy Environment
   - Enable sharing of medical records & decision support with Partners

3. Partnerships (Clinical & Technical)
   - RFDS, RACGP, Aged Care, PHN, NACCHO…
   - DoH, ADHA, DHCRC, Sparked, FHIR

4. Information Exchange
   - Redefine from a technical to outcome-based term (Graham Grieve…)
   - Celebrate the tactical outcomes & innovate in the regions
   - Build the National foundations at pace (incentives & opportunities)

Government of South Australia

SA Health

Perspectives

Grahame Grieve
FHIR Product Director

Perspectives

Q&A

Perspectives

Jason Agostino
National Aboriginal Community Controlled Health Organisation

Interoperability beyond clinical services

17th July 2024

Dr Jason Agostino

Senior Medical Advisor, NACCHO

General practitioner, Gurriny Yealamucka Health Service

Clinical Associate Professor, ANU

Aboriginal health in Aboriginal hands

NACCHO
www.naccho.org.au

145 Members organisations

- Over 550 clinics

Over 8,000 full time staff

Over 500,000 clients accessing our clinics

Over 3.5 million episodes of care (in our clinical services*)

Average Aboriginal Community Controlled Health Organisation (ACCHO)

Inner regional area

Spread across three service delivery sites

>3,500 clients (75% Aboriginal and/or Torres Strait Islander)

RACGP accredited (and is meeting 5 other accreditation standards)

Clinical staff (FTE)

4 GPs

6 Aboriginal and Torres Strait Islander Health Worker/Practitioner

6 nurses, 1 midwife

2 Allied Health Professionals

0.5 Non-GP Specialists

4 Social & Emotional Wellbeing staff

1 Dentist

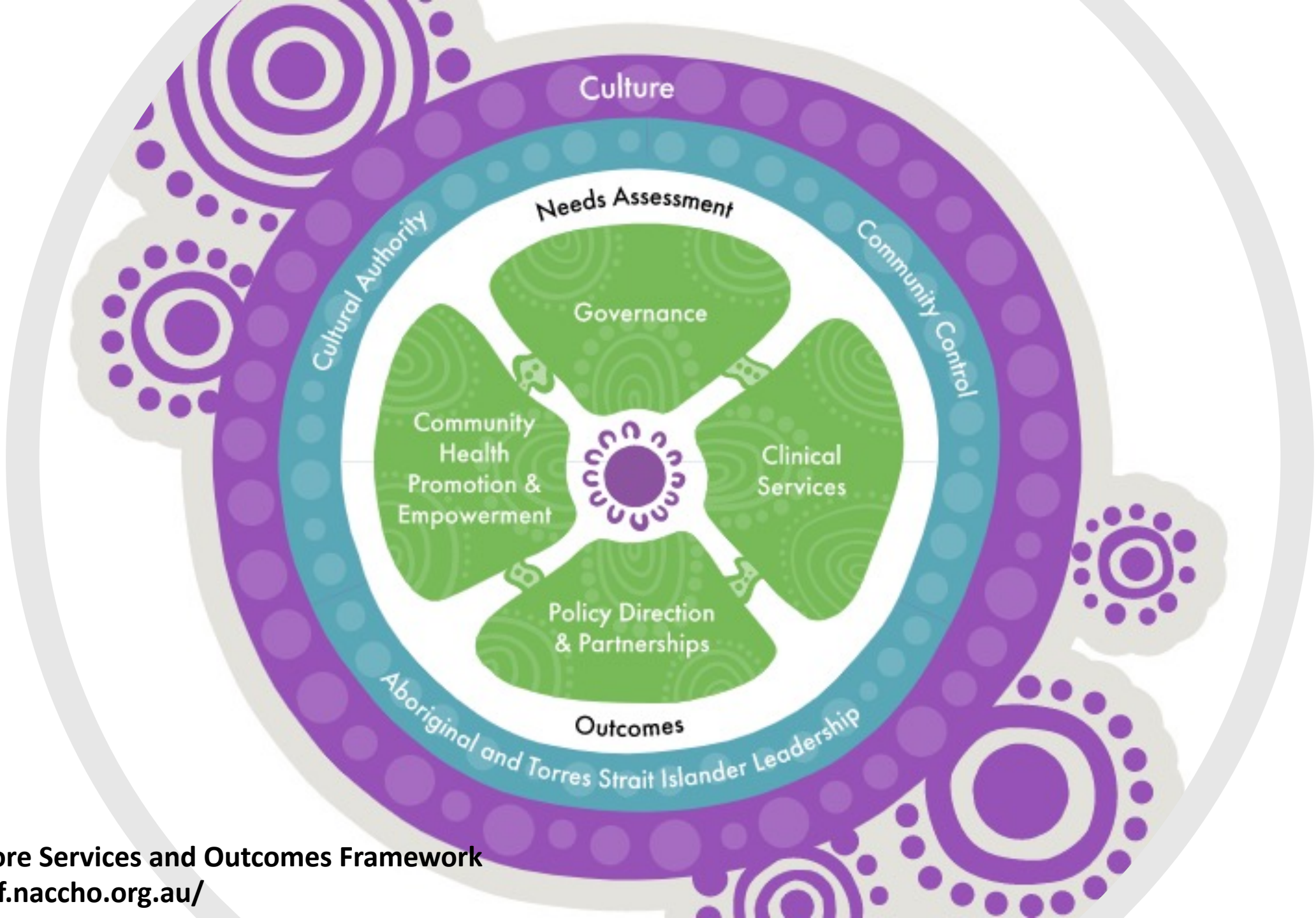
Definitions of health & health service design

Aboriginal definition of health

"Health is not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community."

WHO definition of health

"A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity"



NACCHO Core Services and Outcomes Framework
https://csof.naccho.org.au/

Community health promotion and empowerment

This domain presents core services for community empowerment including health promotion and preventive programs organised and delivered by community controlled primary health care.

Foundations for a healthy life

Cultural determinants
Country and caring for country
Knowledge and beliefs
Language
Self-determination
Kinship
Cultural expression

Social determinants
Racism
Early childhood development
Education
Employment and income
Housing
Environment and infrastructure
Interaction with government systems and services
Law and justice
Alcohol, tobacco and other drug dependency

NACCHO's Strategic Priorities

STRATEGIC PRIORITY 4

- **Further strengthen NACCHO's knowledge-base and capability of the sector**

This involves increased access to medical technologies, business technology, the development of a strong evidence base, good data governance practices, and the capacity to extend the ACCHO model into related sectors (e.g. aged care and NDIS).

Need for interoperability within an ACCHO

A medium sized ACCHO in regional Qld

Different software for

- Standard PHC clinical services
- Dental
- Aged Care
  - Connector services
  - Home care packages
- Child safety and early intervention

Best Practice
An evolution in medical software

Pearl EXACT
The future of dentistry, powered by AI.

lookout

Infoxchange

Secondary use of data

"If you can't count what's important, you make what you can count important"
James Willbanks

National Key Performance Indicators – 24 indicators intended to "support policy and service planning at the national and state/territory levels….. and support CQI among service providers"

Current limitations on what can be reliably extracted from the four main clinical information systems, the nKPIs are restricted to

- 4 on health risk factors
- 1 on immunisation
- 1 on health checks
- 2 on antenatal care, 2 on birth weights
- 1 on cancer prevention
- 2 on cardiovascular disease (one is now useless)
- **<u>9 on diabetes</u>**

Inability to improve within current systems

Last review of nKPIs recommended the addition of nKPIs in 4 different areas

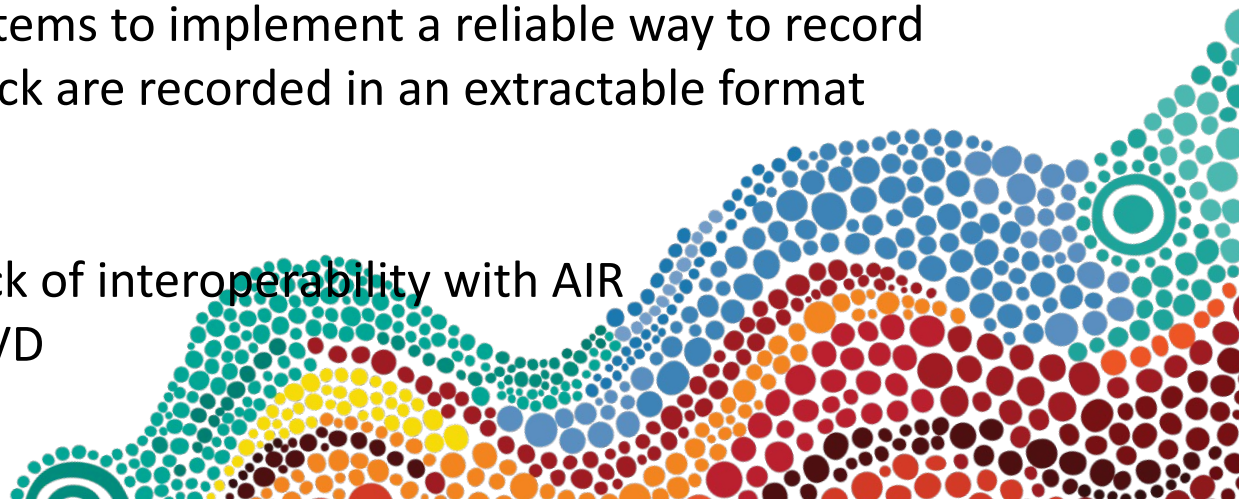
- Mental health: Could not progress due to limitations of what is routinely collected in extractable format.

- Eye health: Could not progress due to limitations of communication between visiting or external optometrists and ACCHOs systems

- Sexual health: Have been trialling indicator on chlamydia/gonorrhoea testing for 2 years. Multiple issues with transmission of results from pathology companies.

- Ear health: Little support from clinical information systems to implement a reliable way to record whether essential components of child ear health check are recorded in an extractable format

In addition
- Cancelled nKPIs on childhood immunisation due to lack of interoperability with AIR
- Paused nKPI on CVD risk levels due to inaccuracy of CVD risk calculators in clinical information systems



A system that reflects comprehensive primary care

A patient has one record for one organisation

The team can see all aspects of patient care, not just clinical services

Our management can conduct CQI across a broad range of indicators relating to social, emotional and cultural wellbeing, as well as local clinical priorities.

Our boards have a reflection of activity in their ACCHOs that mirrors the Aboriginal definition of health and can choose indicators that reflect local priorities

Funders can see where improvements are made and where gaps exist outside of narrow biomedical measures & Medicare

NACCHO

www.naccho.org.au

Aboriginal health in Aboriginal hands

Perspectives

Kimberley Aboriginal Medical Services

KAMS

Kimberley Aboriginal Medical Services

Rural and Remote areas - healthcare data usage presents unique challenges and opportunities

Dr Lorraine Anderson
Medical Director

Acknowledgement

KAMS pays respect to the Yawuru people of Broome and all traditional owners across the Kimberley region.

We acknowledge the wisdom of our Elders, those who came before us, those that are here today and those that are emerging.

We pay our deepest respects to our Elders for their leadership over generations – their wisdom and courage in caring for and protecting our ancient lands, living culture and our vibrant languages.

Barriers

1. Infrastructure Limitations
2. Workforce Challenges
3. Privacy and Security Concerns
4. Financial Constraints

Opportunities

1. Improved Patient Care
2. Enhanced Operational Efficiency
3. Community Health Insights
5. Research and Innovation

Addressing these barriers while capitalizing on the opportunities can significantly improve healthcare outcomes in rural and remote areas.

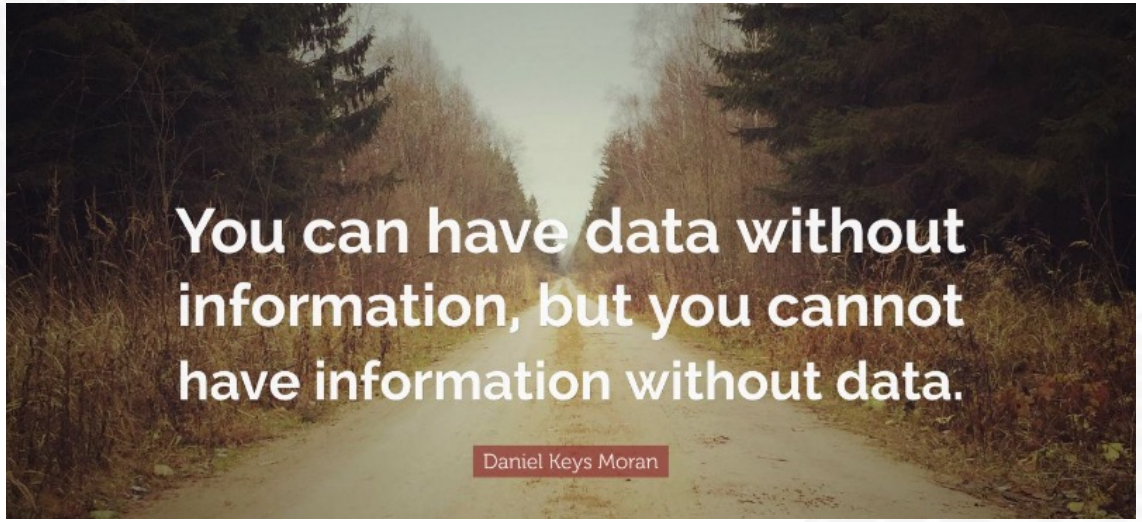
Kimberley Aboriginal Medical Services
12 Napier Terrace
Broome WA 6725

Phone: (08) 9194 3200

Perspectives

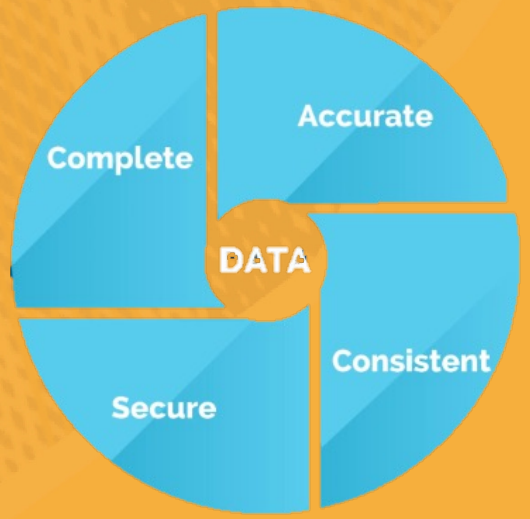
Maryanne Lewis
Sunrise Health Service Aboriginal Corporation

Data Integrity – what is it for SHS



SUNRISE
HEALTH SERVICE

What is Data Integrity?



Data integrity is the maintenance of, and the assurance of, data accuracy and consistency over its entire life-cycle. It is a critical aspect to the design, implementation, and usage of any system that stores, processes, or retrieves data.

Who are we?

SHS – We are the "Sun come up Mob" since 2003
9 communities in the East Katherine (Big Rivers region)
Current Population – 3459
Episodes of Care – 35000+ annually
Contacts – 43000+ annually

SHS uses Communicare.

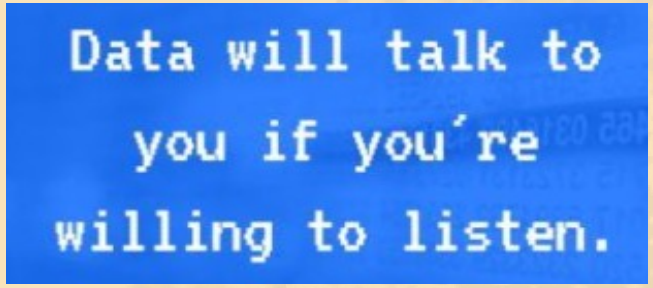
My role – Data Integrity Officer but incorporates Medical Records, Medicare Claims, PIP & programs coordinator
(+ lots more)

Challenges

- Patient Biographics
- Services Australia – PRODA/HPOS
- MyMedicare
- Population definitions – current vs regular
- Duplicate KPI's same, same but not the same!
- Updates mean losing trends
- Ever changing workforce – orientation includes reinforcing importance of good data entry
- Federal vs State funding reporting requirements
- Formal reports received back (or not)
- Different PIRS available – do we have the best option?
- Qualifications/knowledge of staff – do you need to be a IT wiz?
- IT hardware/support & $$

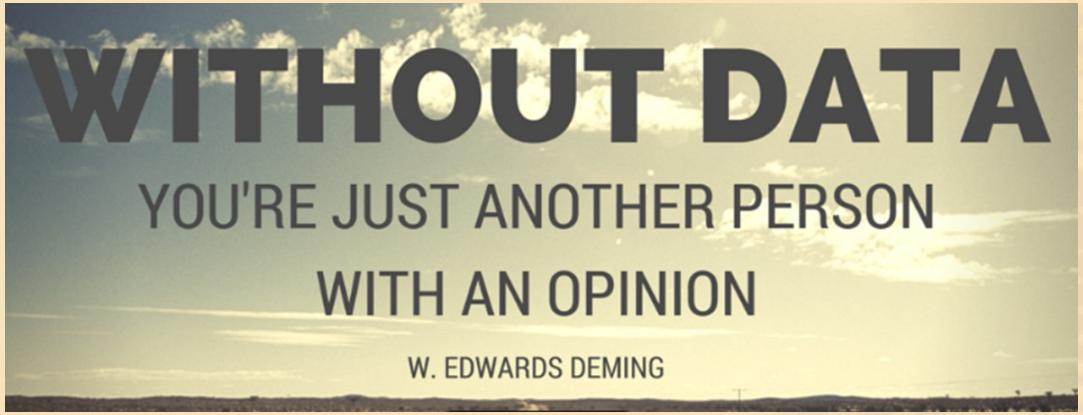
Opportunities

- One place reporting portals
- One PIRS for all AMS's
- Inclusion/involvement in working parties prior to implementation
- Knowing that we are making a difference even if not on the ground providing services
- Networking – meeting other awesome data people



Data Access

- MyGov ID access – it's not an easy process
- Time between release of formal reports to actual event delayed
- Communicating & sharing recent reports – protective of our data

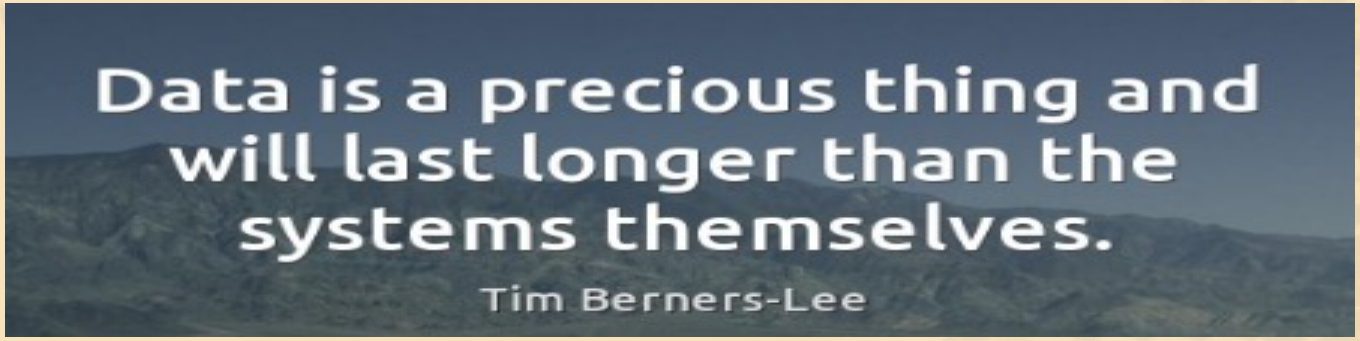


Service Planning

- Using the formal data in all planning activities
- Sharing data widely – spray & pray
- Acknowledging the data sources
- Include all relevant staff
- Using CQI strategies

The Future

- Making a compulsory training component in medical school
  - Reducing number of reporting portals
- So much data – surely, we are doing something good & the future of Health data is exciting



Perspectives

Deb Gent
Aboriginal Medical Services
Alliance Northern Territory

SO MUCH DATA!

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY
AMSANT

Deb Gent
BAppSc, BHlthSc (Hons), GradDipDataSc, CHIA

INTRODUCTION

- About me
- Projects – data storage and integration, warehousing, reporting, BI analytics
- End goal is all about the client
- Accurate and efficient access to source of truth
- Opportunities and challenges – not mutually exclusive

DATA VOLUME

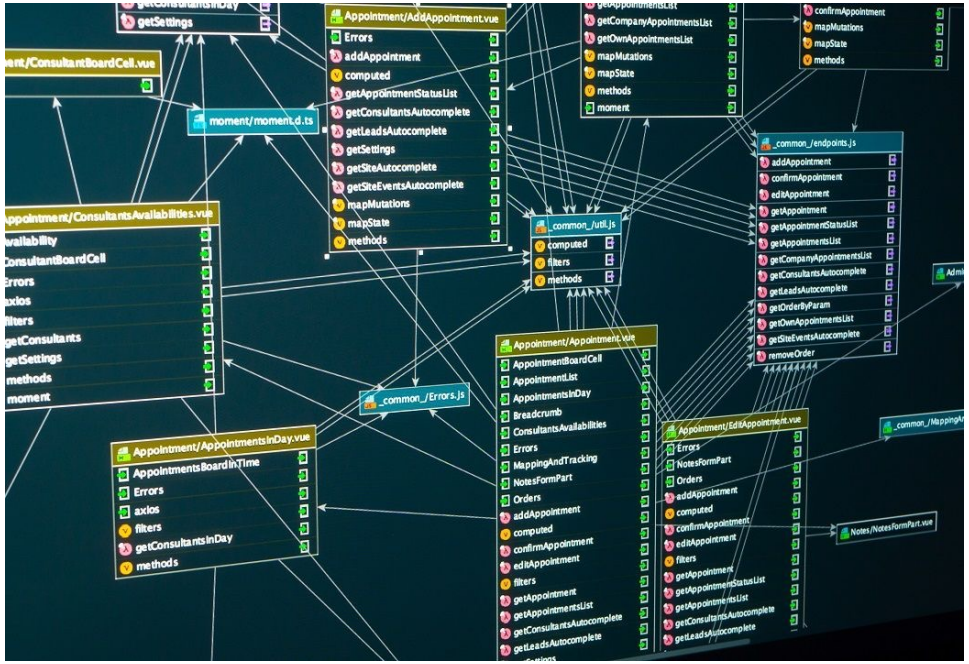
- 90% of the data we have today was collected in the last 2 years
- 402.74 million terrabytes daily,181 zettabytes annually by 2025
- Data volume alone is both an opportunity and a challenge

OVERVIEW

- 1. KPI Reporting
- 2. Funding Reports
- 3. Clinical Data Repositories
- 4. IHIs
- 5. Conclusion

KPI REPORTING

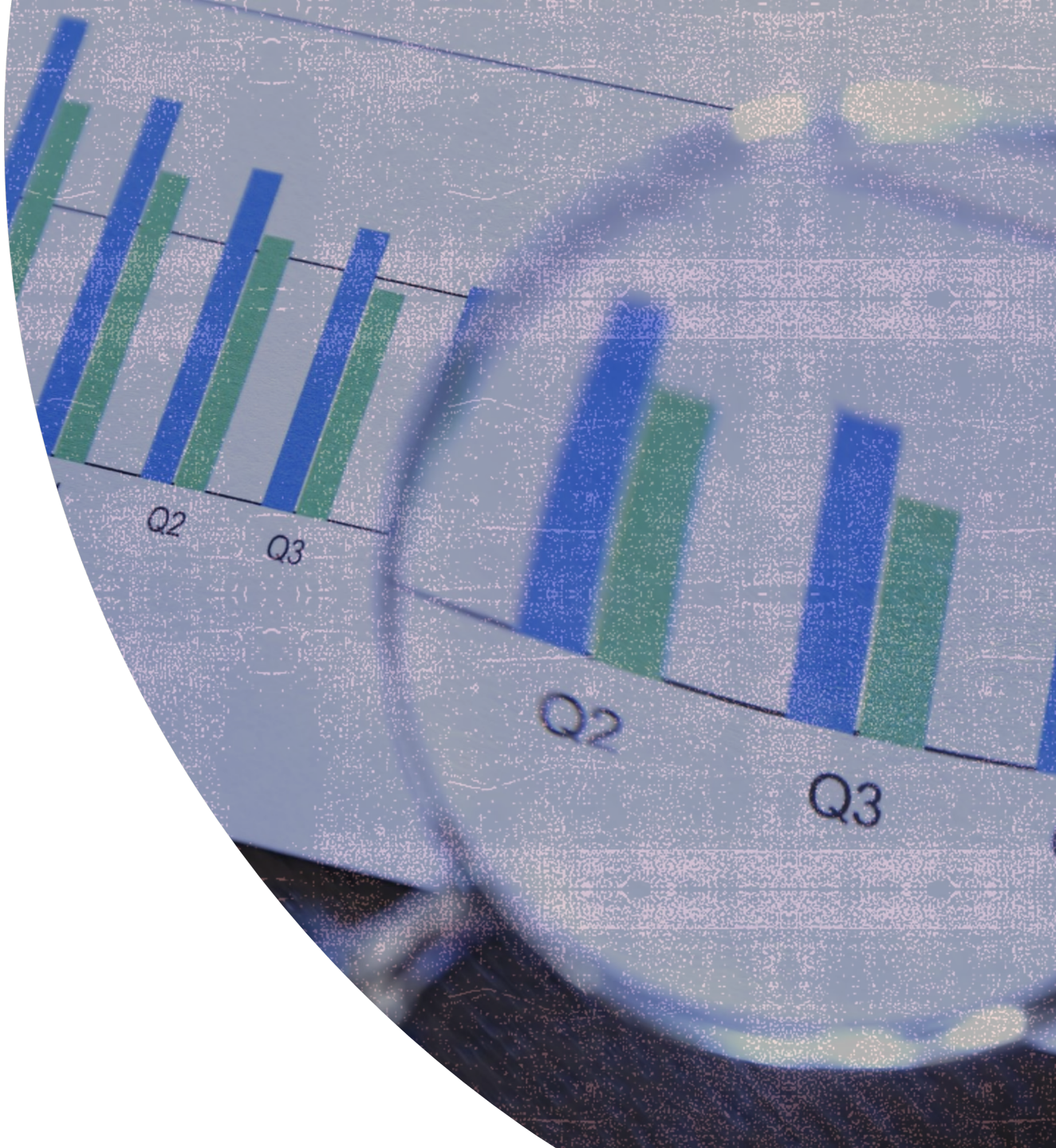
- Significant growth and changes
- Increased complexity, burden of reporting and associated CQI processes
- Continued issues with population definitions and ‘unique clients’



FUNDING REPORTS

FUNDING REPORTS

- Double handling, and burden on clinician time
- Bulk upload configurations and associated ‘resourcing’
- What value does it add to our client care?



CLINICAL DATA REPOSITORIES

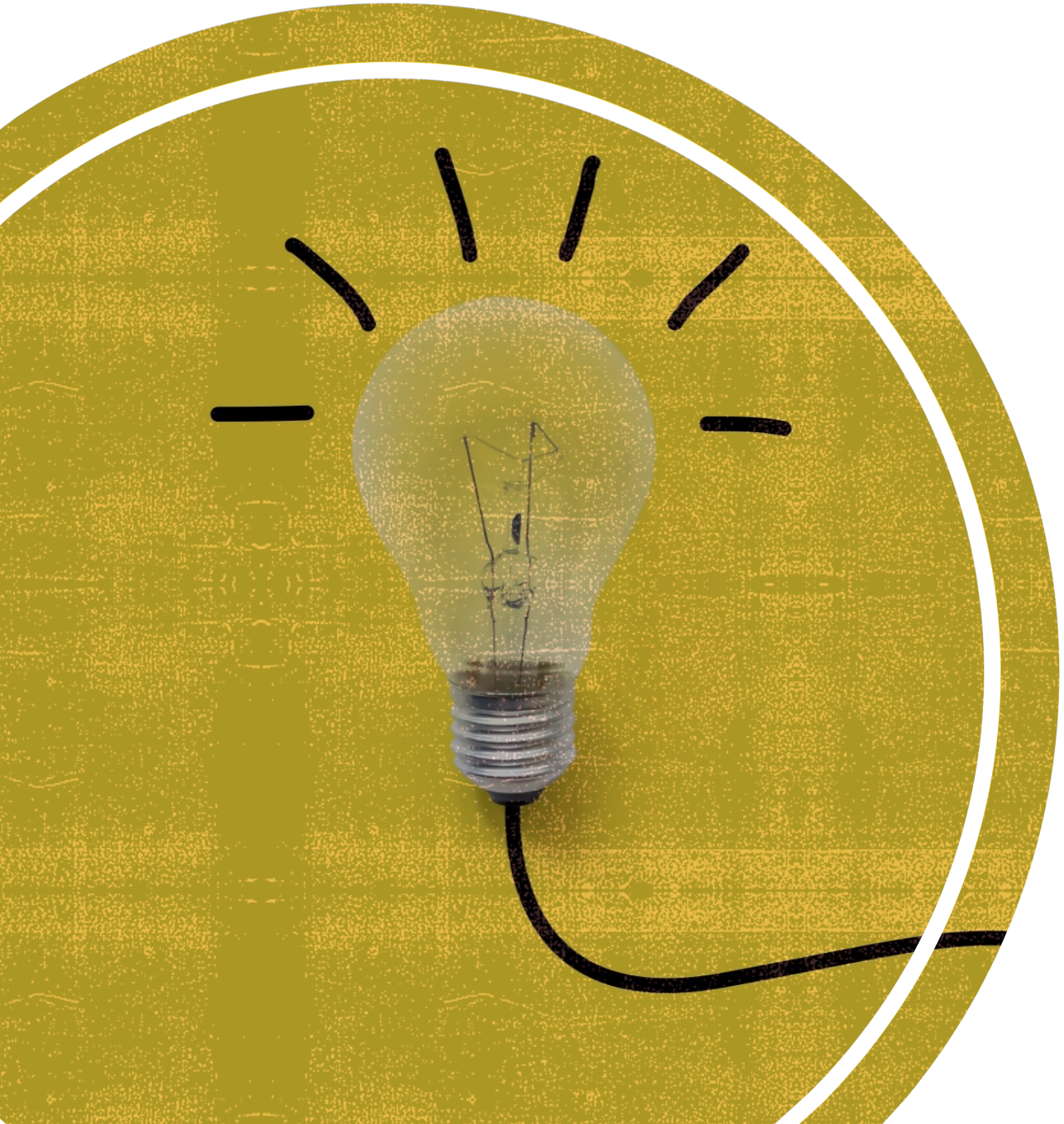
- Shared ehr (MeHR and MyHR)
- NTIR/ACIR/AIR
- Territory Kidney Care
- National Cancer Screening Register
- NT specific repositories – RHD, SHBBV etc

- Critical for patient care and source of truth
- Multiple logins and a burden to navigate
- One way paths with limited atomic data availability
- Development requirements
- IHI and client identification issues

CLINICAL DATA REPOSITORIES

IHI NUMBERS

- Ongoing issues with missing and duplicate numbers
- No single source of truth
- Double counting of data
- Mishandling and misdirection of personal information
- Essential for future developments and integrations



CONCLUSION

- Don’t forget why we are here
- More data is not necessarily better
- Client care is always our first priority

Perspectives

Tim Shaw
Digital Health Cooperative Research Centre

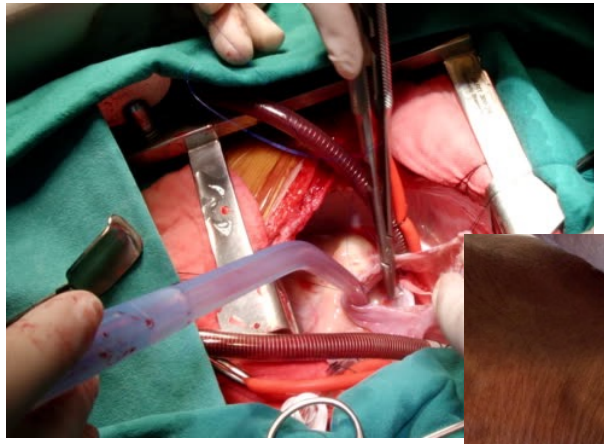
THE UNIVERSITY OF SYDNEY

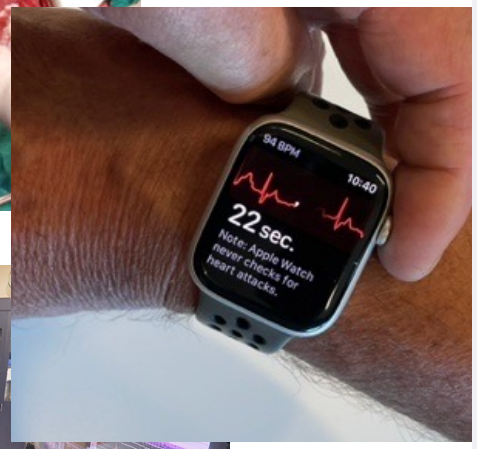
Health care in Remote Northern Territory and implications for SPARKED

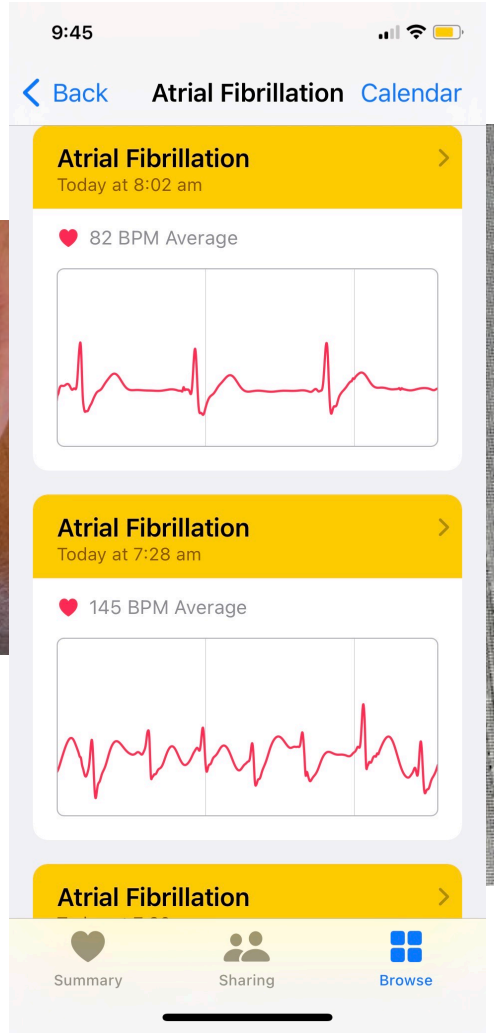
Tim Shaw

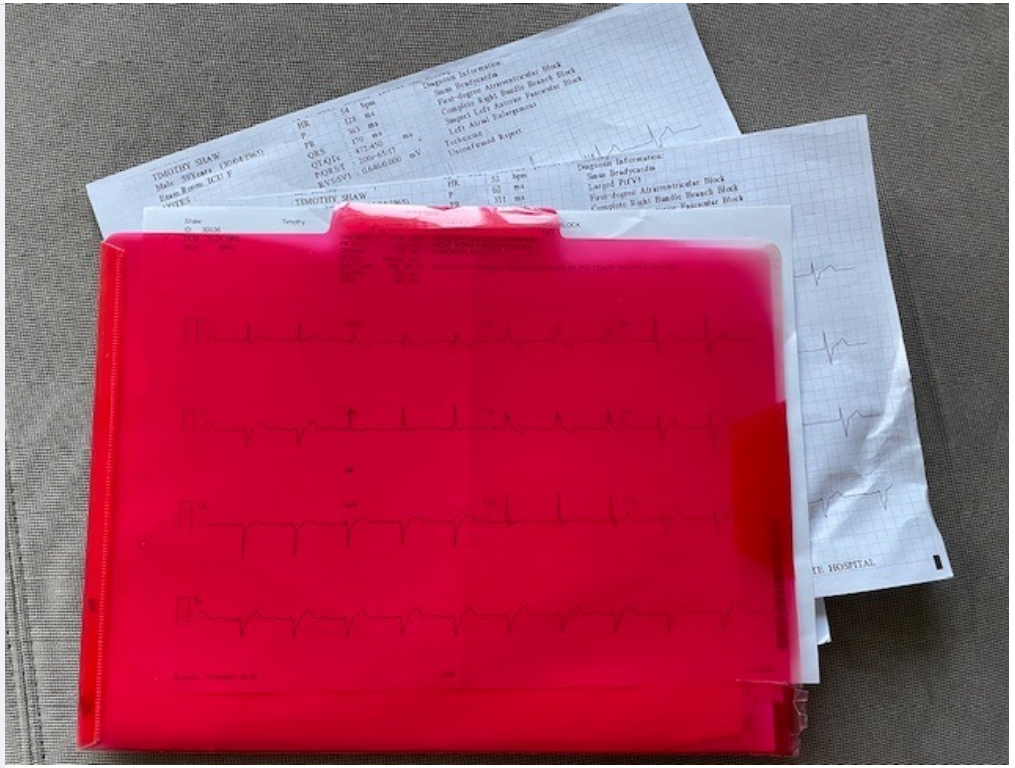
Professor of Digital Health

Implementation Scientist and health consumer









Improving access to comprehensive primary care in remote communities

Project Partners

NORTHERN TERRITORY GOVERNMENT

menzies school of health research

Australian Government
Australian Digital Health Agency

phn NORTHERN TERRITORY
An Australian Government Initiative

Australian Government
Department of Health and Aged Care

THE UNIVERSITY OF SYDNEY

healthdirect Australia

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY
AMSANT

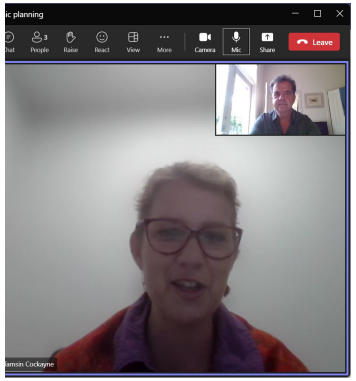
digital health crc

Project aims

- Understand what remote Aboriginal and Torres Strait Islander communities want from technology to improve access to care

- Work with communities and partners to trial new initiatives and optimise existing

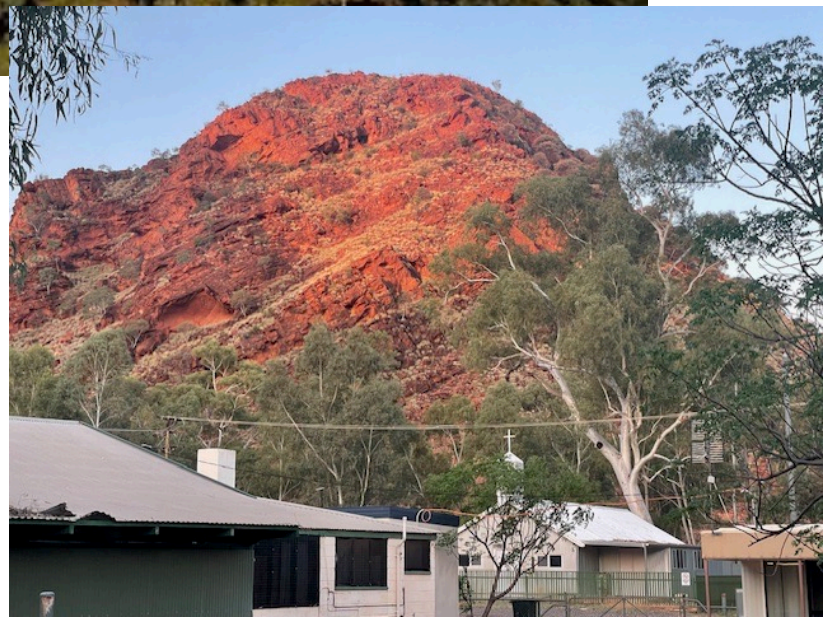
- Work with partners to understand what it will take to scale and lock in changes



Our Approach - Going deep in two communities

Pirlangimpi

Utju (Areyonga)

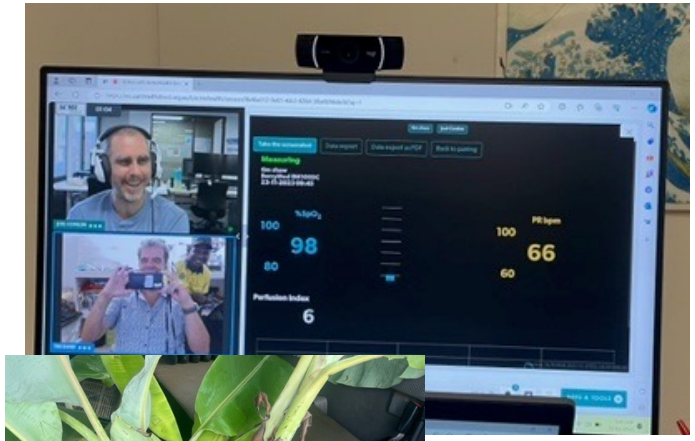


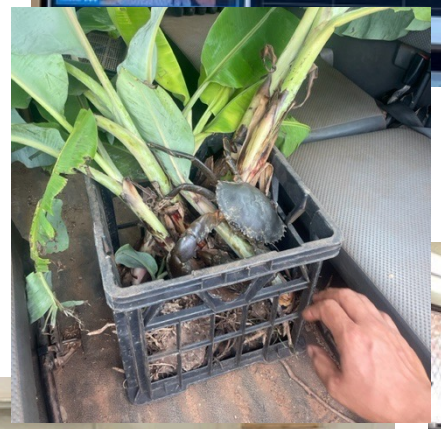
Our Approach

Employing and working closely with community researchers
Spending time in community away from a projects

Our Approach – Building two-way knowledge exchange and learning

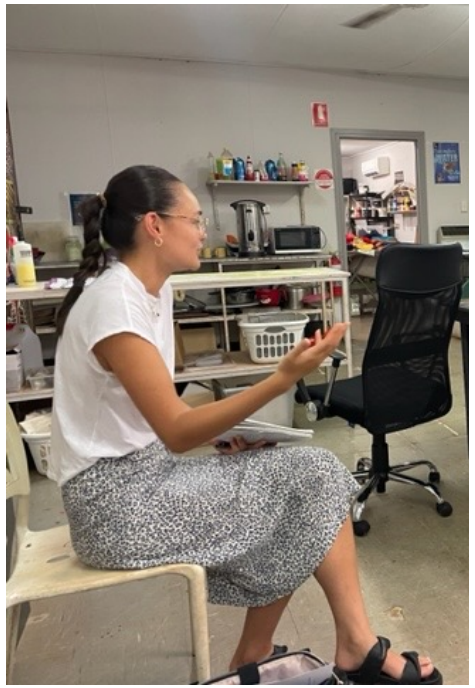
Using a strength-based approach



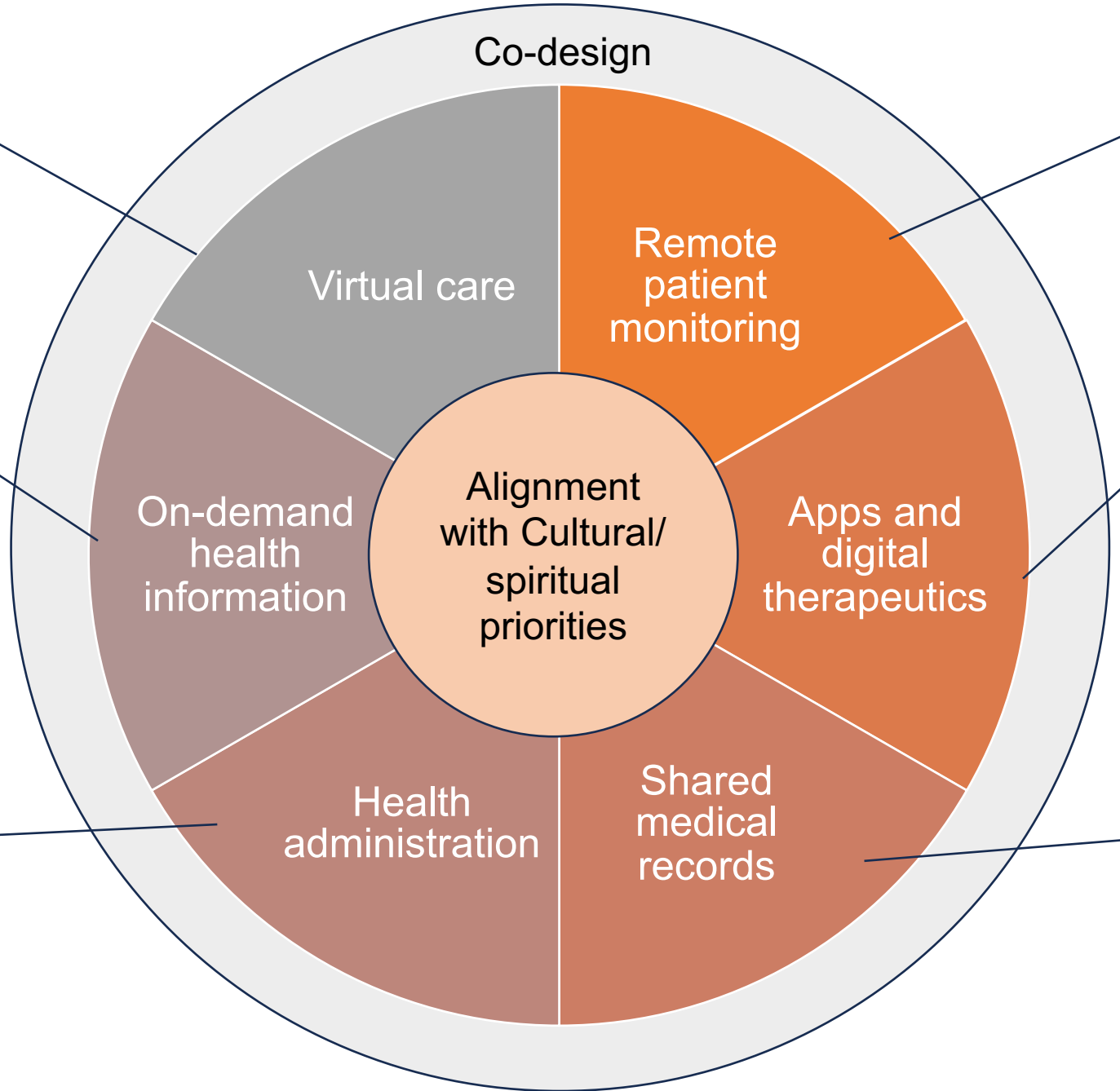


Our Approach

– Engaging in formal and informal focus groups and interviews
Engaged over 70 community members



Integrated technology “wheel’ to support rural and remote care



Tools to access primary care, allied health, acute services and specialist medical appointments

Devices and wearables to support prevention and monitoring of chronic disease

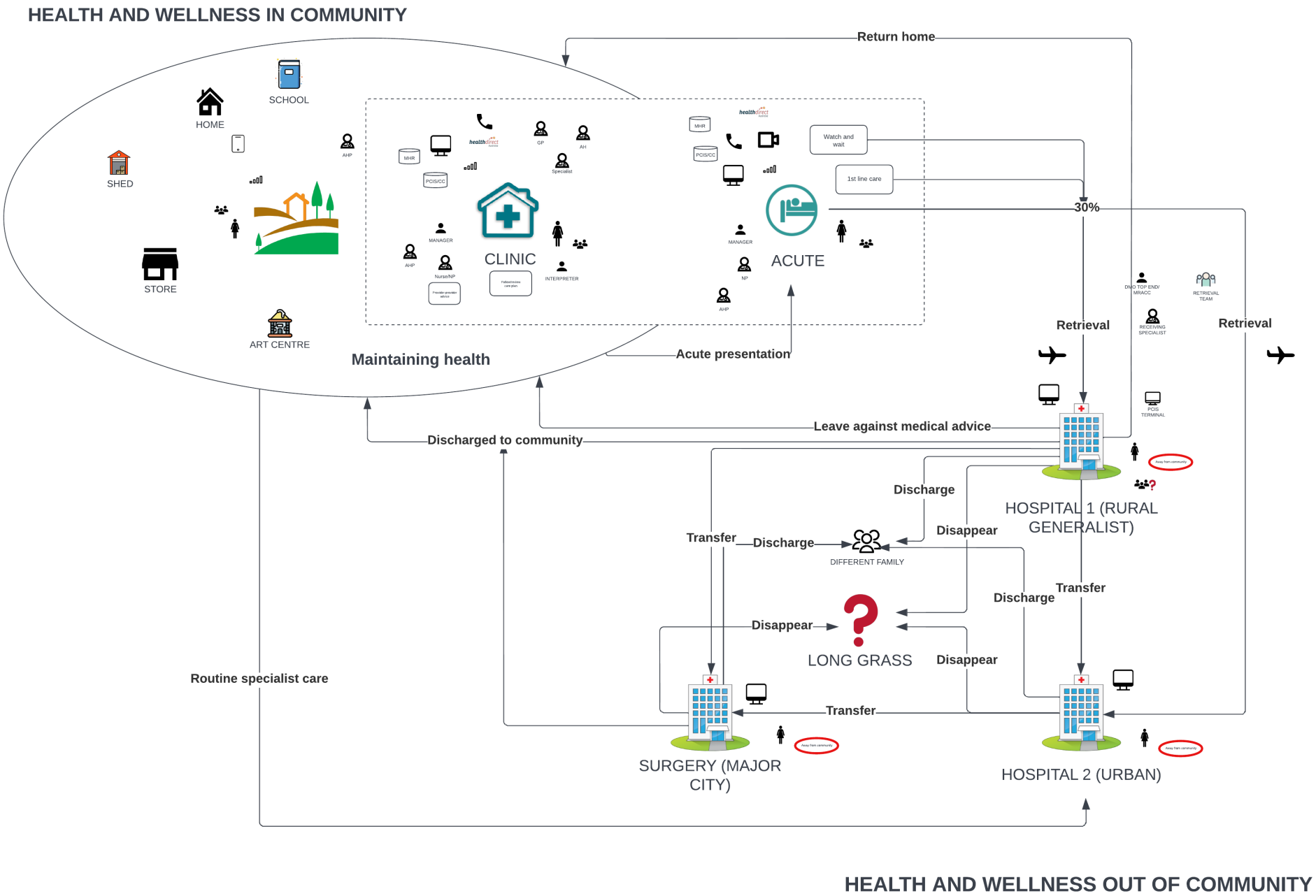
Integrating local and national health information sources and tools such as community portals, health checkers and SMS prompts

Access to co-designed apps, wearables and digital therapeutics to support health and wellness

Tools to improve access and convenience such as queuing systems and patient portals

Access to tailored shared records such as My Health Record and Communicare

Headline findings re SPARKED - pathways complex



Headline findings relating to SPARKED

- Still serious connectivity issues
- Real challenge in continuity of data and information across system
- System encourages a deficit-based urgent care approach
- While genuine challenges in the use of technology in communities - still lots of opportunity
- Still lack of engagement and understanding of community preferences

What next?

- **Sort out connectivity**
- **Link data across system**
- Need to take a more holistic approach to what constitutes a core data set for remote communities and individuals
- Need to embed or link to social determinants incl. community strengths
- Need data and technology to support systems that promote longitudinal multidisciplinary care – bake it in
- Need to have consumers at centre


HEALTHY LIFESTYLE
football
Singing
Walking
DISCO
Arts & Crafts
hunting
Swimming
Cooking
exercise
Mother nature
Sharing bushtucker
from the land + sea
PIRLANGIMPI 27-28 September 2005

Perspectives

Shannon Nott
Royal Flying Doctor Service

Data within the RFDS Context

Sparked Rural and Remote Health Equity Roundtable – 17 July 2024

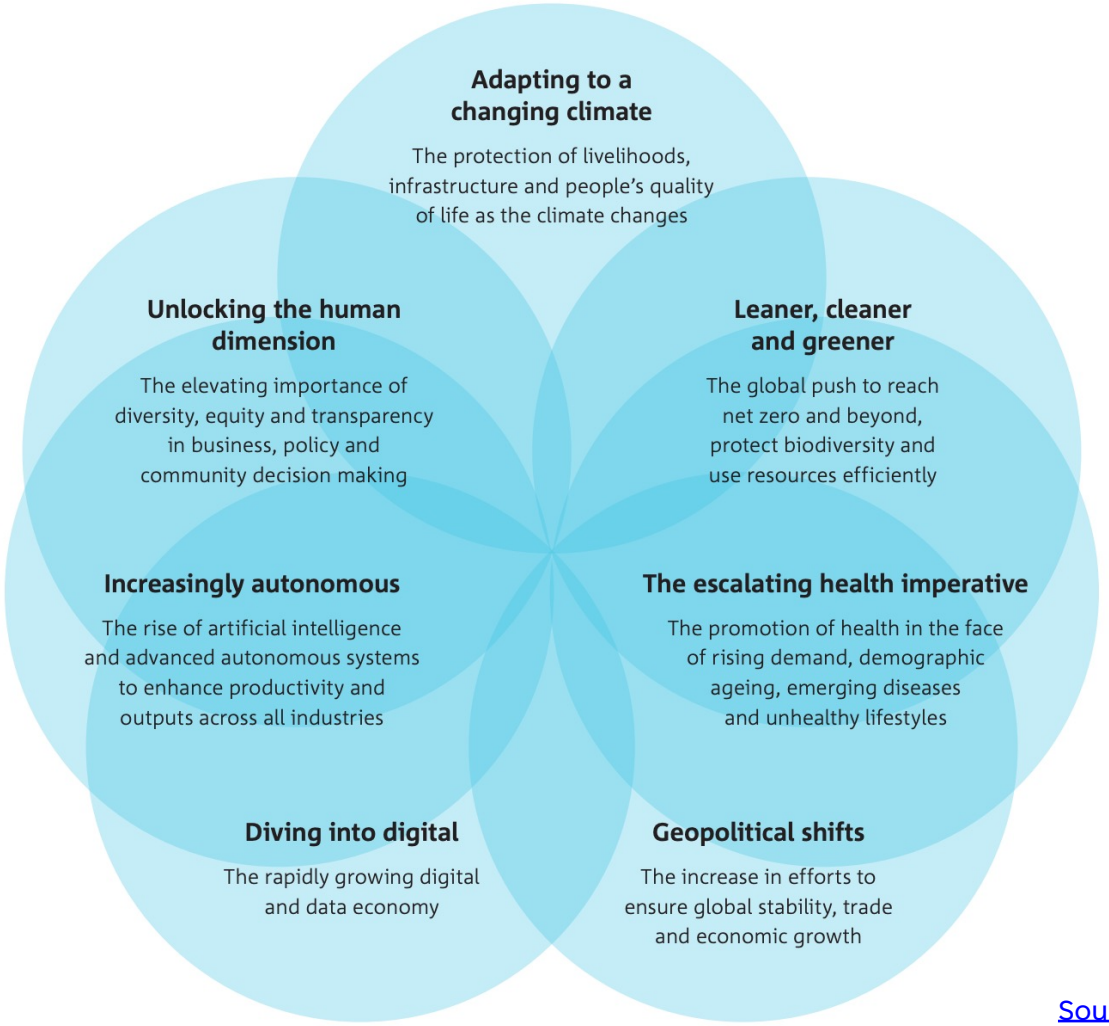
Acknowledgement of Country

Royal Flying Doctor Service
SOUTH EASTERN SECTION

Our Context

Megatrends and assumptions within our footprint

Royal Flying Doctor Service
SOUTH EASTERN SECTION



- ***Demographic shifts across rural and remote***
- ***Acute health changes***
- ***Workforce challenge***
- ***Climate impacts on health***
- ***Digitisation***
- ***Funding levers***

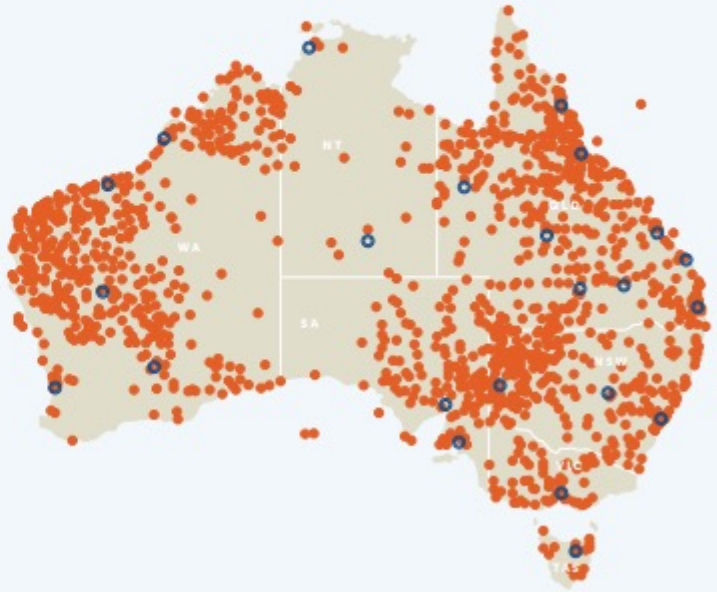
Source: Our Future World: Global megatrends impacting the way we live over coming decades

Our services

23 air bases

65 clinics held every day

2,370 medical chests



Royal Flying Doctor Service
SOUTH EASTERN SECTION

Our services

Royal Flying Doctor Service
SOUTH EASTERN SECTION

336,316
total pt contacts

36,951
aeromedical transfers

24,889
primary care clinics (68/day)

19,946
mental health consultations

10,881
dental services/consultations

71,704
remote telehealth consultations

Shared digital platforms
EHR, Mantle, Titanium, primary care*

Royal Flying Doctor Service
SOUTH EASTERN SECTION

Lord Howe Island

- Primary Health Clinic
- Remote Area Nurses on site
- GP Medical Practices
- Dental and Oral Health
- Mental Health and Alcohol and Other Drugs support services
- Wellbeing Places
- We've Got Your Back (WGYB) – Far West Region
- Guiding Rural Outback Wellbeing (GROW)
- Emergency retrieval service – provided to all regions within the state of NSW
- Inter-hospital transfers including Air Ambulance locations
- Non-Emergency Patient Transfers (NEPT)
- Rural Aerial Health Service (RAHS)
- Contracted Aeromedical Service Delivery
- South Eastern Section Bases
- Support office

WHERE WE WORK

Our Intersect with the health system

- State Health
- PHNs
- GP practices including ACCHS
- Other NGOs
- Medicare

The Why

Delivering value in health care delivery

"The furthest corner.

The finest care"

Patients

Am I providing care that delivers the outcomes and experiences that matter most to the patient?

Service

Are we using available resources optimally to improve outcomes?

System

Are we allocating resources and creating the environment that enables the best outcomes?

Clinicians

Am I providing care that allows me to do my role to the best of my ability?

Royal Flying Doctor Service
SOUTH EASTERN SECTION

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SOUTH EASTERN SECTION

RELIABILITY TRUST CARE SAFETY

To support the seamless data exchange in a rural and remote context,
What are the key considerations?
Eg. opportunities, benefits and challenges?

Perspectives

Panel

Ryan Klose (RFDS) · Chris Pearce (ACCRM) · Andrew Blanche (QLD Health) · Nyree Taylor (VACCHO) · Gloria Jacob (Consumer)

Thank you!

Register for Sparked